



State Form 4608 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

2012 APR 20 A 11: 21

(CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on plants. For assistance in completing this form, see instructions on the reverse side assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes V No		·	
COMMITTEE INFORMATION	ſ		Project Control of the Control of th
1. Full Name of Committee (as on Statement of Organization) OTTINGER FOR COUNTY TREASURER			a)
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Numb	ęr
1120 Barry Dive	Check If thi	is is a new address	
5. City, State, Zi≓ Code Lebanon IN 46052	6. Party Repu	y Affiliation <i>(if applicable)</i> u blican	nD 21%
CANDIDATE INFORMATION (For Candidate's	Committe	ses Only)	
Deborah S. "Debbie" Ottinger	8. Party	y Affiliation or If Independ Ublican	ent Candidate
Office Sought (Include district number, if any. Not required for exploratory committee.) Boone County Treasurer		unty of Residence	- is
TYPE OF REPORT	114	CONVENT	ON CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nonlination Other		Check one:	nvention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	of Organization	Post-Co	nvention
12. Reporting Period: From: 01/01/2012 Through: 04/20/2012		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	****	0.00	
14. Cash on hand and investments January 1, current year.	\T	0,00	ე.00
CONTRIBUTIONS AND RECEIPTS			0.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. itemized (use Schedule A)		100	
15b, Unitemized		,	TO STATE OF THE ST
15c Add lines 15a and 16h in bask anti-			V/II.
16. Add lines 13 and 15c in Column A and those did and district Did.	OTAL	0,00	0.00
EXPENDITURES	OTAL	0.00	0.00
(Nate; These amounts include In-kind expenditures and loan repayments.)	·		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		i	
17b, Unitemized	**	····	******
17c. Add lines 17a and 17b in both columns SUB	TOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (use Schedule D)		0.00	0.00
20. Debts OWED TO the committee (use Schedule E)		0.00	

	IFICATION	III(
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF	OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE
	Title Seld	Date 04/20/2012
Signature of Candidate (it epplicable)	-	Date 04/20/2012
WARNING: Any information contained in this report may not be copied for files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A pers Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) are	PAN MINA thile to file a comminte as a comminter as a	(-5) A person who knowingly

FOR OFFICE USE ONLY

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	FILE	NUMBER
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he reverse side.	ZUIZ APR 20 A 10: TOTAL PAGES IN E	ENTIRE CFA-4 REPORT
s 💢 No		5
	CLERK OF THE COURTS	

IS THIS AN AMENDMENT? LYes No CLERK OF THE	CAU RTS	5	
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new	name		
Committee To Elect Melody Price	4		
2. Acronym or Abbreviated Name (if any)	3. Committe	e Telephone Number	
	1317	,769-68	188
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this is a	new address	
237 Saddlebrook Dr.			
5. City, State, ZIP Code	6. Party Affil	iation <i>(if applicable)</i>	
Zionsville, IN 46077	Republican		
CANDIDATE INFORMATION (For Candidate's C	Committees (Only)	
7. Full Name of Candidate (include any nickname)		iation or If Independer	nt Candidate
Melody S. Price	Republican		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of	of Residence	
Boone County Auditor	Boone		
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	rention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of	of Organization)	Post-Con	vention
12. Reporting Period:		COLUMN A	COLUMN B
From: $01-01-12$ Through: $04-13-12$		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		204.68	
14. Cash on hand and investments January 1, current year.			204-68
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		S00000	00000
15a. Itemized (use Schedule A)		800.00	800.00
15b. Unitemized 15c. Add lines 15a and 15b in both columns SUBT	TOTAL /	(2400	1/2/1/00
	TOTAL 1	22700	152800
EXPENDITURES	IOIAL /	12810	1128-68
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		2019	63918
17b. Unitemized	(05110	659.18
	STOTAL		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL /	0890	1089.50
19. Debts OWED BY the committee (use Schedule D)			1000
20. Debts OWED TO the committee (use Schedule E)			
			DESCRIPTION OF SHOOT PROPERTY.

CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Signature of Treasurer_ REAJURER Signature of Campigate (if applicable) Date

FOR OFFICE USE ONL

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CLERK BOONE CIRCUIT COUR



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

FILE NUMBER				
				•
Page	1	_ of	3	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)	Contributions:	PERIOD.	YEAR-TO-DATE	RECEIVED BY
MARTHA CATT 6761 WIMBLEDON DR.	Direct In-Kind (describe)	\$100	#100	02/27/12
ZIONSVILLE, IN 46077	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)RETIRED LIBRAIRIAN				
2. JOHN POCK 11468 VALLEY MEADOW DR. ZIONSVILLE, IN 46077	Contributions: Direct in-Kind (describe)	4100	#100	3/26/12
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3. MARK PLASSMAN 270 BENTLEY DR. ZIONSVILLE, IN 46077	Contributions: Direct In-Kind (describe)	\$200	#200	4/9/12
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required) THE CON FAM				
4. LARRY & JOYCE GREENWALT 9634 IRISHMAN'S RUN LANE ZIONSVILLE, IN 46077	Contributions: Direct In-Kind (describe)	#/00	\$/00	4/11/12
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)CPA				
5.EUGENE THOMPSON 60 SMITH LANE ZIONSVILLE, IN 46077	Contributions: X , Direct In-Kind (describe)	#/00	#100	4/11/12

		<u>-</u>	2 of 3
Other Receipts: Interest Loan Misc. (specify) Contributor's Occupation (if required)			
SUBTOTAL THIS PAGE OF SCHEDULE A	\$600.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUM	BER	
	2			
Page_	2	of _	<u> </u>	

	1			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
5 JOSEPH TANNER 7461 FOXHOLLOW RIDGE ZIONGVILLE JN 46077	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	#/DO-	F/00	4/6/12
Contributor's Occupation (if required) ATTOPNEY				
2 CHRISTINE PRICE 145 CAMDEN CT ZIONSVILLE TALY6077	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	*100	\$/00	46/12
Contributor's Occupation (if required) RETICES RN	Misc. (specify)		:	
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions; Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
Contributed Comments of Comments	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$ 200 -		
TOTAL OF ALL PAGES OF SCHEDULE A		* 000 -		
	1 15a of the Summary Sheet)	*800-		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE N	NUMB	ER	
Page _		of		
rage_		_ ~		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
MELODY SPEICE 2375addlebrook Dr. ZIONSVILLE IN 46077	AUDITUR	Direct In-Kind Payment of Debt Returned Contribution Other RETIMBLES Purpose: YARD SIGNS SEPACAN GARDS	639[8	63918	3/24/12
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose;			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose;			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$631.18		
TOTAL OF ALL PA	LAST PAGE ONLY the Summary Sheet)	\$639.18 \$639.18			



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet** FILE NUMBER

Parisa Parisa	ALCOHOLD SA	in the same of the	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For 7017 APR 20

IS THIS AN AMENDMENT? TYES X NO MERK OF TH	FCOURT	\$	
IS THIS AN AMENDMENT? Yes No CLERK OF THE	BOGAN		
COMMITTEE INFORMATION	N .		
1. Full-Name of Committee (as on Statement of Organization). Check if this is a new Committee to Elect David Rodgers.	w name	ş	
2. Acronym or Abbreviated Name (if any)		nittee Telephone Number	
	(1/6	5) 482-5737 /	765-676-9262
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this	is a new address	
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)	
Jameston IN 46147	K		
CANDIDATE INFORMATION (For Candidate's			
7. Full Name of Candidate (include any nickname) David & Rodgers	8. Party	Affiliation or If Independer	nt Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		nty of Residence	
Boone Chy Council At Large	්ප්	90ne	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		☐ Prę-Conv	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statemen	nt of Organization)	Post-Cor	nvention
12. Reporting Period:		0011111111	Line and the control of the control
1/ 6-		COLUMN A	COLUMN B
From: 1-1-12 Through: 4-20-12		This Period	COLUMN B Year to Date
From: /-/-/2 Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period.			
From: /-/-/2 Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year.		This Period	
From: /-/-/2 Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS		This Period	
Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		This Period 35 6.71	
From: /-/-/2 Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A)		This Period 35 6.71	
Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized	BTOTAL	This Period 356.71	
From: /-/-/2 Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns	BTOTAL	This Period 356.71	
Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	BTOTAL TOTAL	This Period 356.71	
Through: 4-20-12 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES		This Period 356.71	
Through: 4-20-12 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.)		This Period 356.71 650 - 1250 - 1900 2256,71	
Through: 4-20-12 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES		This Period 356.71	
Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized		This Period 356.71 650 - 1250 - 1900 2256,71	
Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized	TOTAL	This Period 356.71 650 - 1250 - 1900 2256,71 722,20	
Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns SI 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	This Period 356.71 650 - 1250 - 1900 2256,71	
Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns	TOTAL	This Period 356.71 650 - 1250 - 1900 2256,71 722,20	
Through: 4-20-/2 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SU 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns SI 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) 19. Debts OWED BY the committee (use Schedule D)	TOTAL	This Period 356.71 650 - 1250 - 1900 2256,71 722.20 1534.51	

GER	TIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, C	ORRECT AND COMPLETE.
Signature of Treasurer **RATHALLER & CLAUDE	Title Leasur	Date 4-20-/2
Signature of Candidate (if applicable)		Date 4-20-12

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

APR, 2 0 2012

CLERK BOONE CIRCUIT COURT



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVÉ	DATE RECEIVED
(street, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	4-2-12
Toma Suzi Rich	Other Receipts: Interest Loan Misc. (specify)	* 200-		
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)	Ž.		3-24-12
Boba Lea Anne Einkrz Zinsrille IN	Other Receipts: Interest Loan Misc. (specify)	\$ 200		
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			3-12-12
Gene Thompson Zivis rille IN	Other Receipts: Interest Loan Misc. (specify)	*250		
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 650		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page of				

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
Lebanson Reporkr		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	144-		
Code A David Rodgers (Adfor Lebanon Reporter) Reimbursement		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	328, 20		
Friends of Dick Lugar - Event Sponsorship		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	250 -		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PA	SUBTOTAL THIS PAGES OF SCHEDULE B ON TH	E LAST PAGE ONLY	\$ \$ 722.20		
	(Enter total on ITEM 17a of	the Summary Sheet)	* / ZZ. ZU		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
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Page		of			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, If regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Misc. (specify)			
2.	Contributions:			
	In-Kind (describe)			
	011 P 11			
	Other Receipts: Interest Loan			
	Misc. (specify)			
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
4.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc. (specify)			
5.	Contributions:		1100	
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other incorne) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Recelpts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

	FILE NUMBE	ĒR		
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	PUBLIC QUESTION	NINFORMATION	٠		
Enter Text of Public Question				Communication of the Communica	
Type of Question: Statewide Position: Supported Oppos	Local sed				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$		<u> </u>
TOTAL OF ALL PAG	ES OF SCHEDULE C ON THE		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	of			

CREDITOR'S OR LENDER'S NAME ENDORSER'S OR VEND & MAILING ADDRESS NAME & MAILING ADDRESS		AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
			•		
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S GOODPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
				F SCHEDULE D	\$
	TOTAL OF ALL	PAGES OF SCHEDUL, (Enter total on I	E D ON THE LA TEM 19 of the S	ST PAGE ONLY Summary Sheet)	\$



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER					
of					

BORROWER'S NAME & MAILING ADDRESS	CO-SIGNER'S NAME & MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	4 1	TEAR-10-DATE	PERIOD
					:

	I	SUBTOTA	AL THIS PAGE O	F SCHEDULE E	\$
	TOTAL OF A	ALL PAGES OF SCHEDUL	E E ON THE LAS		\$



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

✓ No IS THIS AN AMENDMENT? ☐ Yes

Signature of Candidate (if applicable)

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

	حدبسا				
COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)	ame				
2. Acronym or Abbreviated Name (if any)	3. Comi (31		phone Numi 3 9447	oer	
4. Mailing Address (address where all campaign finance correspondence is received) 11588 E. 200 S.	neck if this	s is a new a	address		
5. City, State, ZIP Code ZIONSVILLE, IN 46077	REP	UBLICA	(if applicable N	9)	
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)			
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation	or If Indeper	dent Cand	lidate
STEPHEN C, SCHANKE	REP	UBLICA	N		
9. Office Sought (Include district number, if any. Not required for exploratory committee.) BOONE COUNTY COUNCIL AT-LARGE	10. Cou BOO	inty of Resi	dence		
TYPE OF REPORT			CONVEN	TION CAN	DIDATES ONLY
11. Check one:			Check one):	
Pre-Primary Pre-Election Annual Nomination Other			Pre-C	onvention	
Final/Disbands Committee (lines 18, 19, and 20 must be *0*) Outgoing Treasurer (within 10 days amend Statement of	Organization)	Post-	Convention	1
12. Reporting Period: From: JAN. 1, 2012 Through: APRIL 13, 2012			_UMN A s Period		COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.			0.0	0	
14. Cash on hand and investments January 1, current year.					0.00
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (use Schedule A)		·····	500.0	0	500.00
15b. Unitemized			0.0	0	0.00
15c. Add fines 15a and 15b in both columns SUBT	OTAL		500.0	0	500.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL		500.0	0	500.00
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)			455.6	1	455.61
17b. Unitemized			0.0	0	0.00
17c. Add lines 17a and 17b in both columns SUB	TOTAL		455.6	1	455.61
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL		44.3	9	44.39
19. Debts OWED BY the committee (use Schedule D)			§00.0	00	
20. Debts OWED TO the committee (use Schedule E)					
CERTIFICATION				FOR OF	EN HIGH THIS
CERTIFICATION I CERTIFY THAT LARVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE, CORF	RECT AND C	OMPLETE.		ILLU
Signature of Cheasure Title TREASURER/CANDID/	ATE C	ate / 17	112	AF	R 1 7 2012
					~ · ~ ~ ~ ~ ~ ~

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowings) a flat a class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana flat and may be subject to chill panalities. (IC 3-9-4-16) (C 3-9-4-16)

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-16, IC 3-9-4-18)

Date



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER				
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code A CMK GRAPIC DESIGN 303 NESSLEY DR. MIDDLETOWN, PA 14057	GRAPHICS DESIGNER	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$50.00	\$50.00	FEB. 13, 2012
OFFICE MAX WEST CARMEL MARKET PLACE CARMEL, IN 46032	OFFICE SUPPLIES COPYS	☑ Direct ☐ in-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$39.09	\$39.09	FEB. 14, 2012
REP. LINCOLN DAY DINNER 1126 BARRY DR. LEBANON, IN 46952	COUNTY CAMPAIGN DINNER	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$35.00	\$35.00	FEB. 16, 2012
RAYONET SILK SCREEN 12303 NE 56TH ST. VANCOUVER, WA 98682	YARD SIGNS	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$154.15	\$154.15	FEB. 23, 2012
Code A CHEAPEST TEES 1400 ROLLINGS BURLINGAME, CA 94010-2314	TEE SHIRTS	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$48.94	\$48.94	MAR. 15, 2012
RAYONET SILK SCREEN 12303 NE 56TH ST. VANCOUVER, WA 98682	SILK SCREEN TSHIRTS	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	\$73.99	\$228.14	MAR. 29, 2012
OFFICE MAX WEST CARMEL MARKET PLACE CARMEL, IN 46032	OFFICE SUPPLIES COPIES	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$54.44	\$93.53	APR. 10, 2012
TOTAL OF ALL PA	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of	E LAST PAGE ONLY	\$ 455.61 \$ 455.61		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	1	of	1	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
STEPHEN C. SCHANKE 11588 E 200 S ZIONSVILLE, IN 46077		\$500.00	FEB. 9 2012	\$500.00	\$500.00
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:				V	
LENDER'S OCCUPATION:		SUBTOTA	L THIS PAGE C	F SCHEDULE D	\$ 500.00
	TOTAL OF AL	L PAGES OF SCHEDUL (Enter total on	E D ON THE LA ITEM 19 of the	ST PAGE ONLY Summary Sheet)	\$ 500.00



Signature of Treasure/

of Candidate (# applicable)

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

(CFA-4)

Summary Sheet

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) FILE NUMBER INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. CLERK BOONE C TOTAL PAGES IN ENTIRE CFA-4 REPORT IS THIS AN AMENDMENT? Yes No **COMMITTEE INFORMATION** 1. Full Name of Committee (as on Statement of Organization) Check if this is a new name 3. Committee Telephone Number Check if this is a new address 4. Mailing Address (address where all campaign finance correspondence is received) 415 Millerwhord 6. Party Affiliation (if applicable) 5. City, State, ZIP Code en arum CANDIDATE INFORMATION (For Candidate's Committees Only) 8. Party Affiliation or If Independent Candidate 7. Full Name of Candidate (include any nickname) 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence Bookl **CONVENTION CANDIDATES ONLY** TYPE OF REPORT 11. Check one: Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Post-Convention Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: COLUMN A COLUMN B This Period Year to Date From: Through: ЮO 13. Cash on hand and investments at the beginning of this reporting period. OO. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a, Itemized (use Schedule A) 15b. Unitemized SUBTOTAL 15c. Add lines 15a and 15b in both columns 5568.13 TOTAL 5.568.73 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B **EXPENDITURES** (Note: These amounts include in-kind expenditures and loan repayments.) 685.00 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 1.685.00 17b. Unitemized SUBTOTAL. 17c. Add lines 17a and 17b in both columns 685.60 685,00 3883.73 ,883.13 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL. 19. Debts OWED BY the committee (use Schedule D) 80 20. Debts OWED TO the committee (use Schedule E) UD FOR OFFICE USE ONLY CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

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Page		_ of		<u> </u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Deborah Shubut 915 Millerwood Dr. Lebaum, IN Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	# 700°C	\$ 700 °C	3/1/12
Carol Sparks Drake 4995 E. 4505 Whitestown, IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$10000	\$ 10000	3/14/12
3. Jeff + Anita Wolfe 2018. Wen Drive Lebanon, IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$50°°	\$ 5000	3/14/12
Contributor's Occupation (If required) 4. Tay C. Longe necker 20769 waterscape Way Noblesville, IN Contributor's Occupation (If required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$ 50 °E	\$ 5000	3/14/12
5. Jane Myers 109 Wen Blud Lebaum IN Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$ 5000	\$ 5000	3/14/12
TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY II 15a of the Summary Sheet)	\$ 950 or		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUME	ER	
Page	2	of	4	

	1		1	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Terry Bolker P.O. Box 238 Fishers, IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$ 20000	\$ 200°	3/15/12
Contributor's Occupation (if required)				•
Tim Jenson 6618 N. Cricklewood Rd.	Contributions: Direct In-Kind (describe)	\$ 100°C	\$ [00000	3/16/12
Indianapolis, IN	Other Receipts: Interest Loan Misc. (specify)	1,00	" 100	
Contributor's Occupation (if required)	<u> </u>			
Deborah Shubert 915 Millerwood Dr.	Contributions: Direct In-Kind (describe)	\$572.36	\$ 1, 27 <i>2.36</i>	3/19/12
Lebanon, IN	Other Receipts: Interest Loan Misc. (specify)		·	
Contributor's Occupation (If required)	Contributions:			
John Brand	Direct In-Kind (describe)	\$200°C	\$ 2000e	3/19/12
129 Wen Blud Lebaum IN	Other Receipts: Interest Loan Misc. (specify)	-	, in the second	
Contributor's Occupation (if required)				
5. Charlie Campbell	Contributions: Direct In-Kind (describe)	\$ 10000	\$ 10000	3/19/12
Charlie Campbell 4820 W 650N Thorntown IN	Other Receipts: Interest Loan Misc. (specify)	4 100	4(100	
Contributor's Occupation (if required)				<u>.</u>
	THIS PAGE OF SCHEDULE A	\$ 1,172.36		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUMBER	
			<u> </u>
Page	3	of 4-	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Tonya Thayer 823 N Meridian Lebourer IN Contributor's Occupation (If required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$50°°	\$5000	3/19/12
2. Michael Martin 7453 Meadow Violet Avon IN Contributor's Occupation (If required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$10000	\$ 100°°	3/24/12
Deborah Shubert 915 Millerwood Dr Lebaum IN Contributor's Occupation (If required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	#286.18	\$ 1,308.54	413/12
4. D. Joe Woop 316 Edgewood Dr Lebanon IN Contributor's Occupation (If required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$ 200 04	\$ 200°°	4/9/12
5. C. Archi bolld Hawkins 1210 N. East St. Lebourn IN Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$ 25°°	\$ 3500	4/4/12
TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY of the Summary Sheet)	\$ 661.18		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUMBER	
Page	4	of 4	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED BY
Deborah Shubert 915 Millerwood Pr. Lebaum, IN	Contributions: Direct	PERIOD	YEAR-TO-DATE	4/13/12
915 Millerwood Pr.	In-Kind (describe)	\$ 286.19	\$1,594.73	111012
Lebaum, IN	Other Receipts: Interest Loan Misc. (specify)	" 004" I	411001111	
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	On the Kana			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 286.19		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 3069.13		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Friends of Huck Lawis aal & Fordice St. Lebanon, IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$65000	\$le50°°	3/14/12
Friends of Huck Lewis 221 E. Fordice St. Lebanon, IN 46052	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$ 16400	\$ 81400	4/2/12
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	A 0.14	•	·
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$ 814.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
	1 1	_
Page	of <u>'</u>	_

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Beam, Longest and Netflic 8126 Castle ton Road Indianapolis, IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$150°°	\$ 5000	3/22/12
Kirtley Taylor Sims Chadd & Minnette Law 105 N. Washington St. Lebaum IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	A 1000e	\$100°E	3/22/12
2. Lamar Lamar Insurance P.O. Box 723 Lebaum. IN	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$50°E	\$50w	3/15/12
DLZ Indiana 2211 & Jefferson Blud South Bend, IN 46615	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$ 2500	\$ 25 **	4/4/12
5. Jesse, Inc. DBA Cobblestone Grill 1608 Main St. 2ionsville, IN 46027	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$ 100 W	\$10000	3/15/12
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 325°°° \$ 325°°°		



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular perty committee). All transfers-in and in-kind corributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebetes, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contribution, within a calendar year, MUST be itemized on this schedule (over \$200 if regular perty committee).

FILE NUMBER				
Page	(_	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Metropolitan Indianapolis Board of Realtors Political Action Committee 1912 N. Meridian St.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	# 50000	\$ 500 m	4/3/12
Indianapolis, IN 46202				
DPBG Political Action Comm. 7260 Shadeland Statem Indianapolis, IN 46256	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	*250°9	\$ 250 cm	3/19/12
3.	Contributions:			
J.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
<u></u>	THIS PAGE OF SCHEDULE A	\$ 750.00.		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 750.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUME	BER	
		•		
Page _	1	of _	1	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Lebaum Reporter 119 & Washington Lebaum IN	Newpaper/ADS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$519°	\$519°°	3/28/12
Zionsville Times 1172 Washington Lebourn IN	Newpaper/Ass	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$15200	# 152°	3/28/12
code A Bodkin Associates 1555 W. Oak St. Zionsville, IN	Advertising	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	\$ 800 ce	# 800°	4/5/12
Friends of Huck leuf 2218 Fordice St. Lebanm IN	Fundraiser	Direct II In-Kind Payment of Debt Returned Contribution Other Purpose:	\$1640	\$16400	4/2/12
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
	SUBTOTAL THIS PAG	EE OF SCHEDULE B	\$1,68500		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THI		\$1,685°E		
	(Enter total on ITEM 17a of	me Summary Sneet)	17400		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4)

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FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For
assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No				INE CLA-4 KEPOKI
COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organization)				·
	CORI	DER		
2. Acronym or Abbreviated Name (if any)			hone Number	
	()	7 0	
2619 S. 650 E	Check if this	s is a new ad	ldress	
5. City, State, ZIP Code WHITESTOWN IN 46075		Affiliation (if	applicable)	
CANDIDATE INFORMATION (For Candidate's C	Committe	es Only)		
7. Full Name of Candidate (include any nickname)	8. Party		If Independe	
NICOLE K. "NIKKI" BALDWIN		KEPU	BLICE	17)
9. Office Sought (Include district number, if any. Not required for exploratory committee.) BOONE COUNTY RECORDER	10. Cou	inty of Reside	BOON	E
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination Other			∐ Pre-Con\	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of	of Organization,)	Post-Cor	vention
12. Reporting Period: From: 1-1-2012 Through: 4-13-12		COLU This F		COLUMN B Year to Date
From: 1-1-2012 Through: 4-13-12 13. Cash on hand and investments at the beginning of this reporting period.		97.		Teal to Date
14. Cash on hand and investments January 1, current year.	· · ·		1 1	97.99
CONTRIBUTIONS AND RECEIPTS				11.11
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		i walio		
15a. Itemized (use Schedule A)		450	7,00	450.00
15b. Unitemized			}.00	99.00
15c. Add lines 15a and 15b in both columns SUBTO	OTAL		00.	549.00
	TOTAL	646	5.99	646.99
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C)		-		
17b. Unitemized		261	. 25	<u> 261, 25</u>
	TOTAL	2 44	- -	2/125
40.0	TOTAL			261.25
19. Debts OWED BY the committee (use Schedule D)	TOTAL	25005	Dy after the) XXIII 185.74
20. Debts OWED TO the committee (use Schedule E)		91 15	^A 81 €	
CERTIFICATION				OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO SIGNATURE OF TREASURER THE STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO SIGNATURE THE STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO SIGNATURE THE SIGNATURE THE STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO SIGNATURE THE SIGNATURE SIGNATURE THE SIGNATURE SIG	Dá	ECT AND COM ate 4 - 18-		C-1214

Signature of Candidate (if applicable) Baldwin Date 4-18-12

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

FILE NUMBER				
Page	of			

CONTRIBUTORIO FULL MANGE MAR AND ADDRESS				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)	O and it will	PERIOD	YEAR-TO-DATE	RECEIVED BY
ANNEDIA J. MAILLHO	Contributions: Direct			
12361 MEDALIST PKWY	In-Kind (describe)			٠ ا
				1-5-12
CARMEL, IN 46033-8932	Other Receipts:			
	☐ Interest ☐ Loan☐ Misc. (specify)			i
Contributor's Occupation (if required)		25000	25.00	
2.	Contributions:	250.00	250.00	
Dunal lavelee	Direct			. 1
BYRON LOVELESS	In-Kind (describe)			1/27/
		_		14/12
THORNTOWN, IN 46071	Other Receipts:		}	
, i	Misc. (specify)			
Contributor's Occupation (if required)		100.00	1000	
3.	Contributions:	100.	10000	
MARY ALICE BALDWIN	Direct			
MAKA YFICE DATOMIN	In-Kind (describe)			4/1/
3955 E 550S.		-		'//12
LEBANON, IN 46052	Other Receipts: Interest Loan			
•	Misc. (specify)			
Contributor's Occupation (# required)		100.00	100,00	
4.	Contributions:)	
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:		-	
	Interest Loan			
	Misc. (specify)			ļ
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$ 450.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$ 450.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, Interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER				
Page	of				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		·	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, If regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of	·		

<u> </u>				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)		u	
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)	-		
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		·	
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

		T	1		
	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
	(street, number, city, state, ZIP code)	The second of the second	PERIOD	YEAR-TO-DATE	RECEIVED BY
1.		Contributions:			
		Direct			
		In-Kind (describe)			
					·
		Other Recelpts:			
		Interest Loan			
		Misc. (specify)			
2.	, , , , , , , , , , , , , , , , , , ,	Contributions:			
		Direct			
		☐ In-Kind (describe)			
		Other Receipts:			
		☐ Interest ☐ Loan			
		Misc. (specify)			
		-		· · · · · · · · · · · · · · · · · · ·	
3.		Contributions; Direct			
		☐ In-Kind (describe)			
		[III-Kild (describe)			
		Other Receipts: Interest Loan			
		Misc. (specify)			
		Misc. (specify)			
4.	İ	Contributions:			
		Direct			
		In-Kind (describe)			;
	•				
		Other Receipts:			
		Interest Loan			
		Misc. (specify)			
5,		Contributions:			
		Direct			
		In-Kind (describe)			
	ļ	· · · · · · · · · · · · · · · · · · ·			
		Other Receipts:			
		☐ Interest ☐ Loan			
		Misc. (specify)			
			_		<u> </u>
		THIS PAGE OF SCHEDULE A	\$.		
	TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		
·	(Line wat on ite	i roa or ar e summary sneet)			



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly iN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebetes, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page	of	•	

party committee).				_
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: tnterest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
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Page_	of			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
<u> </u>	OTTIOL GOOGITI (II applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	
MINUTE PRINT IT 312 W. SOUTH LEBAHON, IN 46052	PRINTER	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	115.25		2/3/12
US POST OFFICE	POSTAGE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			2/3/
LEBANON, IN 46052		POSTAGE	46.00		17/12
MARY ALICE BALDWIN 3955 E. 5505 LEBANON, IN 46052		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	J00.00		4/1/12
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			·
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:			
Code	·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t	LAST PAGE ONLY	\$261.25 \$261.25		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER				
	Page _		of	

			Page	of
PUBLIC QUESTION	ON INFORMATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Enter Text of Public Question				
Type of Question: Statewide Local Position: Supported Opposed				
RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	☐ Direct ☐ In-Kind			
Code	Payment of Debt Returned Contribution Other Purpose:			
Code	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PA	GE OF SCHEDULE C	\$		
TOTAL OF ALL PAGES OF SCHEDULE C ON TH (Enter total on ITEM 17a of		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page	of	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
(street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:	1-7-7-10-10-10-10-10-10-10-10-10-10-10-10-10-				
LENDER'S OCCUPATION:					
- ENDEDIG GOOD FATION					
LENDER'S OCCUPATION:					····
LENDER'S OCCUPATION:		u.			
LENDER'S OCCUPATION;					
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LENDER'S OCCUPATION:		_			
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	TOTAL OF ALL	PAGES OF SCHEDULI (Enter total on I			\$
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER		
		-
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Page	of	

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
					į
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	·				
		SUBTOTA	L THIS PAGE OF	SCHEDULE E	\$
	TOTAL OF A	LL PAGES OF SCHEDUL (Enter total on I	E E ON THE LAS TEM 20 of the St		\$



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

FILE NUMBER

FILED INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For 2012 APR 16 assistance in completing this form, see instructions on the reverse side. ANN OF THE COURTS No@L IS THIS AN AMENDMENT? Yes

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION			
the state of the s			
1. Full Name of Committee (as on Statement of Organization) Check if this is a n		CORONER	
Acronym or Abbreviated Name (if any)	<u> </u>	mittee Telephone Number	
		7 733- C	
4. Mailing Address (address where all campaign finance correspondence is received) 4044 OAKLEAF DAIVE	Check if thi	is is a new address	
5. City, State, ZIP Code 210NSV146, ZN 46677		y Affiliation <i>(if applicable)</i> EP413 LI CAN	}
CANDIDATE INFORMATION (For Candidate)			. *
7. Full Name of Candidate (include any nickname), H RONALD RON BECK		Affiliation or If Independent	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) 1300NE COUNTY CORONER	10. Cot	Inty of Residence	
TYPE OF REPORT			N CANDIDATES ONLY
11. Check one:		Check one:	distribution of the second second second second second second second second second second second second second
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	ention ention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement	ent of Organization	p) Post-Con	vention
12. Reporting Period: From: 01/01/20/2 Through: 04/13/20/2		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		4	
14. Cash on hand and investments January 1, current year.			•
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A) 15b. Unitemized			<u> </u>
	IBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B			<u> </u>
EXPENDITURES	TOTAL	, <u>C</u> ,	O ~
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		\rightarrow	4
17b, Unitemized		Ä	\overline{a}
	UBTOTAL	Ŏ.	3
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	ă	<u> </u>
19. Debts OWED BY the committee (use Schedule D)		کھ	
20. Debts OWED TO the committee (use Schedule E)		Ä	

CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE Title andidate *(# appli*c onala

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05)

20. Debts OWED TO the committee (use Schedule E)

(CFA-4) **Summary Sheet**

Indiana Elocitori Continuoson (10 0 0 0 11)	FILE NUMBER
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this assistance in completing this form, see instructions on the reverse side.	form. For 20 A 11: TOTAL PAGES IN ENTIRE CFA-4 REPORT
IS THIS AN AMENDMENT? ☐ Yes ☐ No €	LERK OF THE COURTS
	INFORMATION
1. Full Name of Committee (as on Statement of Organization) \square Committee (as on Statement of Organization)	neck if this is a new name
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
	()
A Mailing Address (address where all campaign finance correspondence is n	colved) Check if this is a new address

1530 Caraway Street 5. City, State, ZIP Code Labanon, IN 46052 6. Party Affiliation (if applicable) Republican CANDIDATE INFORMATION (For Candidate's Committees Only) 8. Party Affiliation or If Independent Candidate 7. Full Name of Candidate (include any nickname) Republican

10. County of Residence Beth Butner
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Booke **CONVENTION CANDIDATES ONLY** TYPE OF REPORT 11. Check one: Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization) Post-Convention 12. Reporting Period: COLUMN A COLUMN B This Period Year to Date Through: From: 13. Cash on hand and investments at the beginning of this reporting period Œ Ø 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 2,688.24 15a. Itemized (use Schedule A) 2.688.24 975,00 15b. Unitemized 975,00 15c. Add lines 15a and 15b in both columns SUBTOTAL 3663 24 3663.24 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 3,663.24 3663.24 **EXPENDITURES** (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 3,126.53 3.126.53 17b. Unitemized 17c. Add lines 17a and 17b in both columns SUBTOTAL 3,126.53 3 126.53 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 536.71 19. Debts OWED BY the committee (use Schedule D)

CÉR	TIFICATION		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, O	ORRECT AND COMPLETE.	
Signature of Treasurer	Title	Date ,	
timbe for	Treasurer	1/20/12	
Signature of Candidate (if applicable)		Date	
Berl Gutner		4/20/12	
WARNING: Any Information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly			
files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A p	person who fails to filie a complete or accurate repo	ort as required by the Indiana	

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-16, IC 3-9-4-18)

FOR OFFICE USE ONLY



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Andrew Wood 423 N. Meridian St Lebanon, IN 46052	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	# 100.00	100.00	3/5/12
Contributor's Occupation (# required) 2. Terry Rake 10402 Zionsville Road Zionsville, IN 46077	Contributions: Direct In-Kind (describe) Hosted - Med Gree Other Receipts: Interest Loan Misc. (specify)	+ 160.00	160.00	4/ /12
3. Buth Butner 1530 Caraway Street Lebanon, IN 46052	Contributions: Direct in-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	127.62	127.62	1/19/12
Contributor's Occupation (If required) 4. Brenda Kearney 2121 Hannah Court Lebanon. IN 46052 Contributor's Occupation (If required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	100.99	100.00	3/29/12
5. Anony moas Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	200.62	200.62	
	THIS PAGE OF SCHEDULE A	\$ 688.24		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
		_
Page	of	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Weber Concrete Construction P.D. Box 837 Zionsville, IN 46077	Contributions: In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	1,000.00	1,000.00	2/17/12
2.	Blue Star Redi Mix P.O. Box 279 Noblesville, IN 46061	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	1,000.00	1,000.00	
3.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
	TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$2,000.00 \$2,688.24		no a mais a composa di la comp



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	LNOD		
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Centributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
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Page	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-10-DATE	NEVEN ED 51
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	ı		
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page _	of		

party committee).			Page	_ 01
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
,,	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Misc. (specify)			
2.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
3.	Contributions:			<u> </u>
	☐ Direct☐ In-Kind (describe)			
	Other Receipts:			
	Misc. (specify)			
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	☐ Misc. (specify)			
5.	Contributions:			
	☐ Direct☐ In-Kind (describe)			
	Other Receipts: Interest Loan			
	Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		
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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

FILE NUMBER				
Page	of			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code A Walmart 2440 N. Lebanon Lebanon, IN 46052	Painting Supplies	☐ Porfect ☐ in-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	*27.58	\$27.58	3/17/12
Minute Print It 312 W. South St. Lebanon IN 46052	Office Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	28.52	28.52	2/16/12
Recorder's Office. Courthouse Sz. Lebanon, IN 46052	Recorded BusName	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	11.00	11.00	1/18/12
Main Street Market 2250 N. Lebanon Lebanon, IN 46052	Retail Stamps	☐ Direct ☐ In-Kind☐ Payment of Debt☐ Returned Contribution☐ Other☐ Purpose:	26.90	26.90	1/21/12
Code A Walgreens 1130 N. Lebanon Lebanon, IN44652	Photo finishing	☐ Direct ☐ In-Kind☐ Payment of Debt☐ Returned Contribution☐ Other☐ Purpose:	1.06	1.06	1/16/12
Le bornon Post Office 304 W. Main St Lebornon, IN 46052	Stamp	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	85.00	85.00	1/19/12 1/25/12 4/3/12
Code_D Walmart 2440 N Lebanon Lebanon, IN 46052	Office Supplies	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	7.4	7.14	1/16/12
TOTAL OF ALL PA	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of t	LAST PAGE ONLY	\$ 187.20		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER				
Page of				

					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Lebanon Reporter 117E. Washington Lebanon, IN 46052	Newspaper/Ads	☐ Poirect ☐ In-Kind☐ Payment of Debt☐ Returned Contribution☐ OtherPurpose:	450.00	450.0	4/16/12
Revolution Graphies 8103 EUSHWY3L AVON 46123	Graphics Co.	Direct In-Kind Payment of Oebt Returned Contribution Other Purpose:	41,577.80	1,677.80	payment mac 3/11/12 3/21/12 4/13/12
Penny Bogan 917 Syracuse De. Lebanon, IN 46052	Advertising-signs	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:	#100.00	\$100.00	3/28/12
Patrick's Office 127 N. Meridian Lebanon. IN 46052	Office Supplies	Purpose:	+2037	20.37	3/28/12
Menards HO2 N Sam Ralston Lebanon, IN 46052	"Pain+	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$38.78 44.00	\$ 38-78 44.00	3/20/12
Village Pantry 702 W. South St. Lebanon	Cras. To Distribute agins	☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	* 30.04	\$ 30.04	3/3//12
Speed way 1618 N. Lebanan Lebanan, IN 46052	Gas To Distribute Eigns	☐ Direct ☐ In-Kind☐ Payment of Debt☐ Returned Contribution☐ Other☐ Purpose:	\$21.50	*21.50	4/7/12
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t	LAST PAGE ONLY	\$2243.71 \$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER	
Page of	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Boone Co. Chambers 221N. Lebanon St. Lebanon, IN 46052	Home Show Booth	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	335.∞	33 <i>5</i> 00	
Jerry Rake 10402 Zionsville Road Zionsville, IN 46077	Candidate Party	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	160.00	160.02	
Parky 5 heberson, IN 46052	Meet Great Party	Direct IIIn-Kind Payment of Debt Returned Contribution Other Purpose:	200.62	20662	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind☐ Payment of Debt☐ Returned Contribution☐ Other☐ Purpose:			
TOTAL OF ALL PA	SUBTOTAL THIS PAG AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t	LAST PAGE ONLY	\$695.62		1



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER				
Pag	е	of		

				Page	of
Enter Text of Public Question	PUBLIC QUESTIO	N INFORMATION			
Type of Question: Statewide Position: Supported Oppos					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct In-KInd Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$		
	S OF SCHEDULE C ON THI (Enter total on ITEM 17a of		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER					
<u>.</u>					
Page _		_ of			

CREDITOR'S OR LENDER'S NAME ENDORSER'S OR VENDOR'S & MAILING ADDRESS NAME & MAILING ADDRESS (if any)		AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
LENDER'S OCCUPATION:	1				
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
ELIPERTO GOOD THOSE					
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LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION;					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$
	 				



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER					
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Page	of				

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
<u></u>					
1 1					·
		<u></u>		į	
	TOTAL OF A	SUBTOTA	L THIS PAGE OF E E ON THE LAS		\$



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes X No

(CFA-4) Summary Sheet

Gaiminary Office
FILE NUMBER
TOTAL PAGES IN ENTIRE CEA-4 REPORT

COMMITTEE INFORMATION	N saids			
1. Full Name of Committee (as on Statement of Organization)	w name)		
COMMITTEE TO ELECT JUDGE EDENS				
2. Acronym or Abbreviated Name (if any)	3.	Committee Tele	phone Num	ber
		765) 48	3 - 9193	
4. Mailing Address (address where all campaign finance correspondence is received)] Check	if this is a new	address	
P O BOX 127	···-			
5. City, State, ZIP Code		Party Affiliation	(if applicable	e)
LEBANON, IN 46052		PUBLICAN		公司的基本的 图 数据的复数形式
CANDIDATE INFORMATION (For Candidate's	the second of	<u>a a marina di Sandi bitan di asali mana a ma</u>	Strander Francisco III (1984)	
7. Full Name of Candidate (include any nickname) J. JEFFREY EDENS		Party Attiliation	or it indepei	ndent Candidate
		· · · · · · · · · · · · · · · · · · ·		
9. Office Sought (Include district number, if any. Not required for exploratory committee.) BOONE COUNTY CIRCUIT COURT JUDGE		. County of Res ONE	uence	
TYPE OF REPORT			CONVEN	TION CANDIDATES ONLY
11. Check one:			Check on	
X Pre-Primary Pre-Election Annual Nomination Other				Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statemen	ent of Organ	nization)	☐ Post-	Convention
12. Reporting Period:		(co	LUMN A	COLUMN B
From: 01-01-2012 Through: 04-13-2012			Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		685	. 39	
14. Cash on hand and investments January 1, current year.				0.00
CONTRIBUTIONS AND RECEIPTS.	3.8.2			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (use Schedule A)		250	-00	3020.00
15b. Unitemized		. 1 -	.00	250.00
	ВТОТА	230		3270.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTA	L 935	.39	3270.00
EXPENDITURES	lar residence			
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		700		2949.64
17b. Unitemized	UDTOT		.00	84.97 3034.61
······································	UBTOTA			
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOT	AL Z33	•	235.39
19. Debts OWED BY the committee (use Schedule D)	,	2500	.00	
20. Debts OWED TO the committee (use Schedule E)				
		and the second		EOD OFFICE HEE ONLY

CE	RTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE	ST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE, CORRECT AND COMPLETE.
Signature of Treasurer	Title	Date
- Morn Chillian	TREASURER	4/14/12
Signature of Candidate (if applicable),	,	Date
11/18		4-16-62
WARNING: Any information contained in this report may not be copied	I for sale or used for any commercial purp	ose. (IC 3-9-4-5) A person who knowingly

files a fraudulent report commits a Class D felony, (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY



individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an

	FILE NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A NOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. C. ARCHIBALD HAWKINS 1210 N EAST ST. LEBANON, IN 46052	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	125.00	395.00	02-17-2012
Contributor's Occupation (if required)	Misc. (specify)			MCW
J. JEFFREY EDENS 1245 JOHN BART ROAD LEBANON, IN 46052	Contributions: Direct In-Kind (describe)			1
	Other Receipts: Interest X Loan Misc. (specify)	0.00	2500.00	
Contributor's Occupation (if required) 3. ALAN WILHOITE 1025 E 375 N LEBANON, IN 46052	Contributions: Direct In-Kind (describe)	125.00	125.00	02-17-2012
Contributor's Occupation (if required)	Other Receipts: interest Loan Misc. (specify)	 		MCW
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 250.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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			<u> </u>	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT Contributions:	COLUMN A - AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
.	Direct In-Kind (describe)			
NONE	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct in-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	.		
4.	Contributions: Direct In-Kind (describe)		•	
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			·
SURTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE		\$		
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(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT Contributions:	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED REGEIVED BY
	☐ Direct☐ In-Kind (describe)			
NONE	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		· • ••	
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		-	
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	· · · · · · · · · · · · · · · · · · ·	\$	A version and	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be Itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street; number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT Contributions:	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
NONE				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		······································	
4.	Contributions: Direct In-Kind (describe)		·	
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE				N. W. A. C.
	M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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party committee).			Page	. 01
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions:			
	☐ In-Kind (describe)			
	,			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
NONE	<u> </u>			
2.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Misc. (specify)			•
3.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc. (specify)			
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4.	Contributions:			,
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)	,		
5.	Contributions: Direct			
	☐ In-Kind (describe)			
•	I I I I I I I I I I I I I I I I I I I			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)	·		;
		_		
SUBTOTAL '	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	ON THE LAST PAGE ONLY	d.		
	I 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
BRENT WHEAT 803 1/2 N LEBANON ST LEBANON, IN 46052		Ď Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose; WEB PAGE	0.00	750.00	
Code MINUTE PRINT IT 312 W SOUTH ST LEBANON, IN 46052		□ Direct □ tn-Kind □ Payment of Debt □ Returned Contribution □ Other Purpose: BROCHURES	0.00	999.64	
BOONE COUNTY REPUBLICAN PARTY LEBANON, IN 46052		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: ☐ INCOLN DAY DINNER	500.00	1000.00	02-03-12
Code MARCIA WILHOITE FOR COUNTY COUNCIL 1025 E 375 N LEBANON, IN 46052		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ POUT STICAL DONATION	200.00	200.00	03-16-12
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			,
Code	·	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$ 700.00		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		\$ 700.00		t see to get a



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NU	VIBER
Page	of

		F	age	of
	ION INFORMATION			
Enter Text of Public Question				
Type of Question: Statewide Local Position: Supported Cpposed				
RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION (street, number, city, state, ZIP code)	and AM	OLUMN A OUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	er Terry, abo er Terry S		
N/A	Purpose:			
Code	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			·
Code	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	Direct Information			
Code	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:			
	AGE OF SCHEDULE C \$			
TOTAL OF ALL PAGES OF SCHEDULE C ON 1				



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period, include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBE	R .
Page	of	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO DATE	OUTSTANDING BALANCE THIS PERIOD
J. JEFFREY EDENS 1245 JOHN BART ROAD LEBANON, IN 46052		2500.00	05-13-11	0.00	2500.00
LENDER'S OCCUPATION: JUDGE					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:				-	
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 2500.00
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				\$ 2500.00	



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER	
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BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MALING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBI INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD	
NONE			13.00 ± € €			
!						
				·		
				·		
		SUBTOTA	AL THIS PAGE O	F SCHEDULE E	\$	
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet)						



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4) Summary Sheet

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	ı	=		п	NI	JV	ВЕ	R	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

			,				_
S THIS AN AMENDMENT?	Yes	V	N ₂₀₁₂	APR	17	P 12	53

COMMITTEE INFORMATION	ń				
1. Full Name of Committee (as on Statement of Organization)	w name		<u> </u>		
HARRY Coleman for Counsel @ Large 2. Acronym or Abbreviated Name (if any)					
2. Acronym or Abbreviated Name (if any)	3. Comm	ittee Telephone Number	•		
(317) 473-4408					
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this	is a new address			
650 S. 800 E					
5. City, State, ZIP Code		Affiliation (if applicable)			
Zionsville, IN 46077		MOCIATE	n.		
CANDIDATE INFORMATION (For Candidate's	- ,				
7. Full Name of Candidate (include any nickname)	8. Party A	Affiliation or If Independe	nt Candidate		
HARRY Allen ColeMAN	De	moernt			
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	2	ty of Residence			
County Council a Large	100	une			
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one:			
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statemen	nt of Organization)	Post-Cor	rvention		
12. Reporting Period:		COLUMN A	COLUMN B		
From: 1/1/12 Through: 4/13/12		This Period	Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.					
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			0		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (use Schedule A)		OX	a a		
15b. Unitemized			9		
	BTOTAL		- A		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	//	2		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		α	a		
17b. Unitemized		B	Ø		
17c. Add lines 17a and 17b in both columns SU	IBTOTAL	8	8		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	0	8		
19. Debts OWED BY the committee (use Schedule D)		a	<i>XJ</i>		
20. Debts OWED TO the committee (use Schedule E)		(2/			
CERTIFICATION	TOUR AGREE		OR OFFICE USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS Signature of Treasurer	Date				

Signature of Candidate (if applicable)

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) **Summary Sheet**

FILE NUMBER APR 17 2012 INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

	OF OUT OF IT	CIAL PAGES IN ENT	RE CFA-4 REPORT
IS THIS AN AMENDMENT? Yes No CLERK BOOK	ME CIRCOI	1 COOM	
COMMITTEE INFORMATION			
<u> The state of the</u>		· · · · · · · · · · · · · · · · · · ·	
1. Full Name of Committee (as on Statement of Organization)	name		
2. Acronym or Abbreviated Name (if any)	3. Comn	nittee Telephone Number	
	(76	5) 482-288	`
4. Malling Address (address where all campaign finance correspondence is received)	Check if this	is a new address	
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)	, , , , , , , , , , , , , , , , , , , ,
Lebanon, IN 46052		epublican	
CANDIDATE INFORMATION (For Candidate's C	Committe	es Only)	
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Independer	nt Candidate
John Armand Glendenning	Re	epublican	
9. Office Sought (Include district number, If any. Not required for exploratory committee.)		nty of Residence	
Boone County Coroner	130	oone	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	ention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	of Organization)	Post-Con	vention
12. Reporting Period:		COLUMN A	COLUMN B
From: 1-1-12 Through: 4-14-12		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		\$1,134,32	
14. Cash on hand and investments January 1, current year.			\$1,134,32
CONTRIBUTIONS AND RECEIPTS	Λ		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		\$ 7,835.37	\$7,835.37
15b. Unitemized			
15c. Add lines 15a and 15b in both columns SUBT	TOTAL	47,835.37	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	# 8,969,69	
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		\$ 7,258,73	
17b, Unitemized			
17c. Add lines 17a and 17b in both columns	STOTAL	<u>\$7,258,73</u>	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	# 1,710,96	
19. Debts OWED BY the committee (use Schedule D)		0	
20. Debts OWED TO the committee (use Schedule E)		0	
OCDTICIO ATION			On AFFIAE DAE ON 3
CERTIFICATION		F	OR OFFICE USE ONLY

and the second s	CERTIFICATION	
	NT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TF	RUE, CORRECT AND COMPLETE.
Signature of Treasfirer John a. V. Landenning	Title Treasurer	Date 4-17-12
highature of Candidate (if applicable)		Date 17-12
WAKING: Any Information contained in this report me	ay not be copied for sale or used for any commercial purpose.	(IC 3-9-4-5) A person who knowingly

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FIL	E NUMB	ER	
Page	1	of	1	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
John Armand Glendenning 110 Terrace Ct. Lebanon, IN 46052	Contributions: Direct In-Kind (describe) Other Receipts:	#1,000.00 #1,134.32 # 124.73		1-19-12 1-3-12 1-10-12 1-27-12
Contributor's Occupation (if required)	☐ Interest ☐ Loan ☐ Misc. (specify)	# 423.73 #2,682.78	_	,
2 John Armand Glendenning 110 Terrace Cd. Lebanon, IN 46052	Contributions: Direct In-Kind (describe)	168.23		2-10-12
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
3. John Armand Glendenning 110 Terrace Ct. Lebanon, IN 46052	Contributions: Direct In-Kind (describe)	# 261.39 # 20.00		3-10-12 3-23-12 3-6-12
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	# 1, 651.80 # 1, 888.60 # 4,121,79		
Tohn Armand G-Lendenning 110 Terrace Ct. Lebanon, IN 46052	Contributions: Direct In-Kind (describe)	#685.00		4-10-12
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$ 7,835.37		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER
Page	of

	,				
CONTRIBUTOR'S FU FULL MAILING	ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE RECEIVED RECEIVED BY
(street, number, city,	State, Zir Code)	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	NECEVED, 51
		Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)		:	
		Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe)	-		
		Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
	SUBTOTAL '	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF A	ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		
	(Enter total on 11 Er	n roa or me aummary aneet)		ranka sa	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other Income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER
Page of

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or
print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the
reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All
cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on
this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political
action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds,
rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year,
MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY In 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as ioan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

party committee).			1 age	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions:			
	In-Kind (describe)			
·				
	Other Receipts: Interest Loan			
	Misc. (specify)			
3,	Contributions:			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Misc. (specify)			
4.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Misc. (specify)			
5.	Contributions: Direct			
	☐ In-Kind (describe)			
				· · · · · · · · · · · · · · · · · · ·
	Other Receipts: Interest Loan			
	Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITE)	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER					
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Page_	1	of	5		

RECIPIENT'S NAME AND MAILING ADDRÉSS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Vista print 95 Hayden Ave. Lexington, MA 02421		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Advertising	46.11	46. 11	1-02-12
Key Bank ATM machine		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	144.00	190.11	1-03-12
Lebanon Post Office Main St. Lebanon, IN 46052		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Postage	132.00	322.11	1-04-12
Visto print 95 Hayden Ave. Lexington, MA 02421		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Adver 151/15	27,36 +29,11 56,47	378,58	1-05-12
Code A Wal greens 1130 N Lebanon St Lebanon, IN 46052		Polirect In-Kind Payment of Debt Returned Contribution Other Purpose: Supplies For Advertising		395,77	1-06-12
walmart 2 440 N Lebanon St. Lebanon, IN 46052		Polifect In-Kind Payment of Debt Returned Contribution Other Purpose: Supplies for Advertising	12,50	408,27	1-07-12
vista print vista print 95 Hayden Ave. Lexington, MA 02421		Z Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	32, 26 38, 25 36, 74		1-09-12
	SUBTOTAL THIS PA AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of		\$ 515,52	515.52	1 -1-12



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER					
Page	2	of	5		

					* ,
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
	OFFICE SOCCITI (II applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	
Vista print 95 Hayden Ave. Lexington, MA 02421		Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Advertising	126.73	642,29	1-10-12.
walgreens 1130 N Lebanon St. Lebanon, IN 46052		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Supplies for Advertising	4. 27		1-13-12
code A 5 +aples		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Supplies Sor Advertising	10.69		1-17-12
Code A Walmart 2440 N Lebanon St. Lebanon, IN 46052		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Supplies For Advertising	53,00	710,20	1-17-12
Code O Key Bank ATM machine		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	36.00	746, 20	1-18-12
Lebanon Post office Main St. Lebanon, IN46052		Dirsct In-Kind Payment of Debt Returned Contribution Other Purpose: Post-Age	176.00		1-19-12
Vistaprint 95 Hayden Ave. Lexington, MA 02421		Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	72,49		1 -23~/2
62421	All Services El Antista are F				
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH	GE OF SCHEDULE B E LAST PAGE ONLY	\$ 47918		
	(Enter total on ITEM 17a of	the Summary Sheet)	Ψ		



State Form 4806 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

	FILE	NUMBI	ER	12	
Page_	3	of	5		

				<u> </u>	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Lebanon Post Office Main 5+. Lebanon, IN460:52		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	192.00	1,186,70	1-23-12
Lebanon Post office Main St. Lebanon, IN46052		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: Pastage	166.00	1, 352.W	1-24-12
Patrick's Offic Supp 127 North Meridians Lebanon, IN 46052	4	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Supplies For Advertising	12,83	1, 365,53	1-24-12
Code A Rubber Stamp Chang 409 Enterprise St. San Marcos, CA 92078		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Supplies for Advertising	41.50	1,4070.03	1-25-12
Lebanon Post Office Hain St. Lebanon, IN 46052		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Posta g e	96.00	1, 5030,03	1-27-92
National fen Co. P.O. Box 55000 Detroit, MI 48255-2745		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: — Alver Itsing	40,75	1, 543,78	1-28-12
Code A Vista print 95 Hayden Ave. Lexington, MA 02421		Poirect In-Kind Payment of Debt Returned Contribution Other Purpose: Advertising	45,68	1,589.41	1-29-12
	SUBTOTAL THIS PA	GE OF SCHEDULE B	\$ 594.71		
TOTAL OF ALL F	AGES OF SCHEDULE B ON TH	IE LAST PAGE ONLY			
	(Enter total on ITEM 17a of	tne Summary Sheet)	<u> </u>		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Page _	4	of	5				
			······································				
FILE NUMBER							

	RECIPIENT'S OCCUPATION	TVEC OF EVACUATION	COLUMNA	COLUMNE	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF EXPENDITURE
		PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	
Code O		☐ Direct ☐ In-Kind			
Lebanon Post office		Returned Contribution			
Lebanon, IN46052		Olher		1105 111	1 21-12
		Postage	96,00	1,685.46	1-31 12
Code A		Direct In-Kind Payment of Debt	117,45		
Vista primi		Returned Contribution	+143,18		
Vista print 95 Hayden Ave. Lex ington, MA Lex ington, MA		Purpose: Advertising		1,946.09	2-5-12
A		☑ Direct ☐ In-Kind	00000	17 17 21 21	-
Lebanon Post Office		Payment of Debt Returned Contribution			
Main St.		Other			
Lebanon, IN 46052		Purpose: Postage	48,00	1,994.09	2-9-12
Code A		☑ Direct ☐ In-Kind			
Victorystore, com		Payment of Debt Returned Contribution			
		Other			
		Advertising	396,10	2,390,19	2-78-15
Code A		Direct In-Kind Payment of Debt			
Advertising + Supply		Returned Contribution			
		Purpose:	25 45 45 15		
A 1		Advertising Direct In-Kind	206.50	2,596,49	2-29-12
Code 14		Payment of Debt			
National Pen Co.		Returned Contribution Other		[
P.O. BOX 55000 Detroit, MI 48255-2745	art.	Purpose:	10990	2,706.39	2-29-12
1 A.1		₩Direct In-Kind	1	-,	
Code /T		Payment of Debt Returned Contribution			
95 Hayden Ave.		Other			
vistagrint 95 Hayden Ave. Lexington, MA		Purpose: Advertising	26.94	2,733,33	3-1-12
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 1,14 3,82	1 '	
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY			*		
(Enter total on ITEM 17a of the Summary Sheet)					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMB	ER	
Page_	5	of	5	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Lebanon Reporter/. Zionsville Times Sentinel 117E, washington St. Lebanon, IN 46052		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Advertising	300,00	3,033,33	3-6-12
Lebanon Reporter/ Zions ville Times Sentine 117 E. Washington St. Lebanon, IN46052		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: AAVET TISINS	1,651,80	4,685,13	3-14-12
Lebanon Reporter/ Zionsville Times Sentinel 117 E. Washington St Lebanon, IN 46052		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Advertising	1,888,60	6,573.73	3-27-12
Code A Lebanon Reporter /. Zionsville Times Sentine 117 E. Washington St. Lebanon, IN 46052		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	685.00	97,258.73	4-9-12
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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		N. INICODIAL TION			
Enter Text of Public Question	PUBLIC QUESTIO	NINFORMATION			<u> </u>
1					
Type of Question: Statewide	Local				
Position: Supported Doppe	osed				
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS & MAILING ADDRESS BNAME & MAILING ADDRESS (if any)		DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD	
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS	& MAILING ADDRESS (If any)		DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
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(CFA-4) **Summary Sheet**

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK assistance in completing this form, see instructions on the rev	all information on this forverse side.	APR 20	TES W	TOTAL PAGES	IN ENTIRE C	EA 4 DEDODT
IS THIS AN AMENDMENT?	No CLE	RK OF THE			IN ENTIRE C	ra-4 report
	COMMITTEE	NFORMATION	7.12/191			
1. Full Name of Committee (as on Statement of Organize ESSEX "GALLAGIAR		ck if this is a new	/ name	Council	ę	
2. Acronym or Abbreviated Name (if any)	1			nmittee Telephone		Albertanian
				· }		
4. Mailing Address (address where all campaign finance of 510 ZION LANE	correspondence is rec	eived) [](Check if th	is is a new address	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5. City, State, ZIP Code ZIONSVILLE エN	46077		6. Part	y Affiliation <i>(if appli</i>	cable)	
CANDIDATE II	NFORMATION (Fo	r Candidate's (Committe	ees Only)		1, 1
7. Full Name of Candidate (include any nickname)			8. Party	y Affiliation or If Ind	ependent Candi	date
9. Office Sought (Include district number, if any. Not requ	ilred for exploratory	committee.)	10. Cot	unty of Residence		Marija, marija
TYPE OF	REPORT			CON	VENTION CANE	DIDATES ONLY
11. Check one:		· · · · · · · · · · · · · · · · · · ·		Check		
Pre-Primary Pre-Election Annual Nomination	Other			_	re-Convention	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Out	tgoing Treasurer (within 10 d	ays amend Statement o	of Organization	, 🗀 P	ost-Convention	
12. Reporting Period: From: 1 1 2012 Thro	nugh: 4/13	2012		COLUMN A This Period	: · · · · · · · · · · · · · · · · · · ·	OLUMN B ear to Date
13. Cash on hand and investments at the beginning of this						
14. Cash on hand and investments January 1, current yea						
CONTRIBUTIONS AN						
(Note: these amounts include in-kind contributions and load 15a. Itemized (use Schedule A)	ans, as well as cash co	ontributions.)				
15b. Uniternized						
15c. Add lines 15a and 15b in both columns				000 (00		and the second
			OTAL	250,00		250.00
16. Add lines 13 and 15c in Column A and lines 14 and 15		T	TOTAL	250.00		250.00
(Note: These amounts include in-kind expenditures and loa	the second secon	<u> </u>				
17a. Itemized (use Schedule B) (Public Question: use Sch					· ·	L
17b. Unitemized	icable ()					
17c. Add lines 17a and 17b in both columns		ėlip:	TOTAL			
18. Cash on hand and investments at close of this reporting period	(subtract 17a from 16 in			200	<u> </u>	
19. Debts OWED BY the committee (use Schedule D)	Subtract Tre from 10 ff	our columns)	TOTAL	_200.c	$\mathfrak{O} \supseteq \mathfrak{O}$	9.00
20. Debts OWED TO the committee (use Schedule E)						
10 die serminate (use deneume E)						
	RTIFICATION				FOR OFFI	CE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BE Signature of Treasurer		AND BELIEF IT IS TE				
	Title		D	ate		

Signature of Candidate (if applicable)

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebetes, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
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Page of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Richard Wodith ESSEX	Contributions:	250.00		250.00
RICHARD NOOTH	In-Kind (describe)	0.00		
ESSEX	7. III-Tand (describe)			
	Other Receipts:]		
	☐ Interest ☐ Loan		:	i
	Misc. (specify)			
Contributor's Occupation (if required)		_		
2.	Contributions:			
	Direct			
	In-Kind (describe)			
		1		
	Other Receipts: Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions; Direct			
	In-Kind (describe)		<u> </u>	
				İ
	Other Receipts:			
	interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts: Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)	Contributions			
, U.	Contributions: Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				ļ
SUBTOTAL 1	THIS PAGE OF SCHEDULE A	\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A				
	115a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	* ENIOD	SEAK-ID-DASE	
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct tn-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL -	THIS PAGE OF SCHEDULE A	\$. <u> </u>
TOTAL OF ALL PAGES OF SCHEDULE A		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as toan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct tn-Kind (describe)			
	Other Receipts: the Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEI	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts lotated on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersion and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular networmmittee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code) 1.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	PERIOD	YEAR-TO-DATE	
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: ☐ tnterest ☐ Loan ☐ Misc. (specify)			
3.	Contributions: Direct in-Kind (describe)			·
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct in-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
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TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER		
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
CUS Graphics		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	642.00		642.00
Office MAX		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	160.00		166.00
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAGE		\$80.20		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$ \$02.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE N	UMBER
Page	of

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PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question	· · · · · · · · · · · · · · · · · · ·			
				•
Type of Question: Statewide Local				
Position: Supported Opposed				
	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATEOF
RECIPIENT'S NAME AND MAILING ADDRESS RECIPIENT'S OCCUPATION (street, number, city, state, ZIP code)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
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	Returned Contribution Other			
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	Other			
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	Returned Contribution	;		
	Other			
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(Enter total on ITEM 17a of	the Summary Sheet)	Ψ		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER
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CREDITOR'S OR LENDER'S NAME	CREDITOR'S OR LENDER'S NAME ENDORSER'S OR VENDOR'S AMOUNT DATE DEBT CUMULATING ADDRESS IN AME & MAILING ADDRESS (if any)		CUMULATIVE PAID	OUTSTANDING BALANCETHIS	
(street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
LENDER'S OCCUPATION:		<u> </u>			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LEADERD AGGINETICAL					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
ELITERATE COOK RITISE.		,			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
		SUBTOTA	L THIS PAGE C	F SCHEDULE D	\$
	TOTAL OF ALL	PAGES OF SCHEDUL (Enter total on I	E D ON THE LA TEM 19 of the S	ST PAGE ONLY Summary Sheet)	\$



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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Page	of	

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (streef, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCETHIS PERIOD
		: '			
	TOTAL OF A	ALL PAGES OF SCHEDU	LEE ON THE LA	ST PAGE ONLY	\$



(CFA-4) **Summary Sheet**

State Form 4606 (R13/11-05)

Signature of Oandidate (if applicable)

Indiana Election Commission (IC 3-9-5-14)

FILE NUMBER

assistance in completing this form, see instructions on the reverse side.	- Carrier		
IS THIS AN AMENDMENT? Yes L No 2812 APR 20 A	8: 5 TOTAL	. PAGES IN ENT	TRE CFA-4 REPORT
OLERA DE THE C	Causte		
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name		
Thon Hough for Coroneir			
2. Acronym or Abbreviated Name (a any)	3. Committee T	elephone Number	
	(317 8	73-4767	
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this is a ne	ew address	
8250 E. St. KD 334			
5. City, State, ZIP Code	6. Party Affiliati	on <i>(if applicable)</i>	
ZionSuite IN 46077			
CANDIDATE INFORMATION (For Candidate's C	,		
7. Full Name of Candidate (include any nickname)	8. Party Affiliati	on or If Independer	nt Candidate
NON JOSON HOUGH	Kepy	blician_	· · · · · · · · · · · · · · · · · · ·
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of F		
Banke County Coroner	BOOM	<i>P</i>	N CANDID (TTC CAN)
TYPE OF REPORT 11. Check one:			N CANDIDATES ONLY
Pre-Primary Pre-Election Annual Nomination Other		Check one:	/ontion
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of		Post-Con	
			IVE HISON
12. Reporting Period: From: -20-20 2 Through: 4-13-12		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		Ø	
14. Cash on hand and investments January 1, current year.		0	8
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)	- AC	10.00	200000
15b. Unitemized	2	-50,00	250-
15c. Add lines 15a and 15b in both columns SUBT	OTAL 22	70.00	2270.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 2,	270.00	2,270.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	10	73.58	1073,58
17b. Unitemized	<u> </u>	0.00	
17c. Add lines 17a and 17b in both columns SUB	TOTAL / 0~	73.58	1073.58
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	194.42	1196.42
19. Debts OWED BY the committee (use Schedule D)		00,0	
20. Debts OWED TO the committee (use Schedule E)		0,00	
CERTIFICATION			OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE	RUE, CORRECT ANI		C. C. T. TOL OUL OHL
Signature of Treasurer Title	Date		

WARNING (Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER
Page	of

	TYPE OF CONTRIBUTION	0011111111	2011111111	DATE
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Shon J. Hough	Contributions:	50.00		1-26-12
8250 E. St-Rd 334	In-Kind (describe)			
Zionsville, IN 46077	Oller Breedate			
2.0017	Other Receipts;			
	Misc. (specify)			
Contributor's Occupation (if required)				
2.	Contributions:	100 00		
Monymous	In-Kind (describe)	100.00		3-10-12
	Other Receipts:			Shon T.
	Misc. (specify)			Hough
Contributor's Occupation (if required)				
2	Contributions:	() ()		
Jerry & Sharon Hamis	Direct In-Kind (describe)	100.00		3-10-12
J v J v				
	Other Receipts:			
	☐ Interest ☐ Loan☐ Misc. (specify)			Shon J.
Carbidouted - Changetian (if required)				Hough
Contributor's Occupation (if required)	Contributions:	-		
James of Dorothy Detamore	Direct	400.00		3-10-12
James of Dorothy Detamore 328 Westmoor Dr.	In-Kind (describe)	700.		
	Other Receipts:			
Lebanon, My 44052	Interest Loan Misc. (specify)			Shon. J
	Miso. (apeciny)			Hough
Contributor's Occupation (if required)	Contributions:			
Rob & Donita Hough	Direct	500.00		4-9-12
9780 F 600 S.	In-Kind (describe)			
Zionsville, IN 46077	Other Receipts:	1		Class T
	Interest Loan			Shon J. Hough
	Misc. (specify)			1,009,0
Contributor's Occupation (if required)	<u> </u>	• • • • • • • • • • • • • • • • • • •		
	THIS PAGE OF SCHEDULE A	\$11,50,00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sh <u>eet)</u>	\$11.50.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

		FILE NUMBER	
		- Alara - Alar	
Page of		of	Pogo

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (Street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Romar Concepts 8247 1ndy Ct. Indpls, IN 46234	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	800.00		3-26-12 Shon J. Hough
Romar Concepts 8247 Indy Ct. Indpls, IN 46234	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	500.00		4-13-12 Shor Hough
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct in-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	L THIS PAGE OF SCHEDULE A	\$1300.00		·
TOTAL OF ALL PAGES OF SCHEDULI (Enter total on IT)	E A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$1300.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER
Page	of

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Romar Concapts 8247 Indy Ct. Indpls, 1 44284		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	151.89	151.89	4-10-12
ASBI BZ47 Irely Ct. Indpls, IN 4 1234		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: ☐ 5 1 9 ↑ \$	793.20	793.20	4-10-12
Lowes Zionsville, IN		☐ Direct ☐ In-KInd ☐ Rayment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose; Mathematics Signs	128.49	128,49	4-12-12
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$1073.58		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the control	E LAST PAGE ONLY	\$1073.58 \$1073.58		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4)

Summary Sheet

FILE NUMBER INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. **TOTAL PAGES IN ENTIRE CFA-4 REPORT** 2012 APR 20 A 11: 24 IS THIS AN AMENDMENT? ☐ Yes COMMITTEE INFORMATION 1. Full Name of Committee (as on Statement of Organization) Check if the same of AN HUNDLEY 2. Acronym or Abbreviated Name (If any) 3. Committee Telephone Number <u>(765) 325-2375</u> 4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address 3101 Enst 5. 2. 47 5. City, State, ZIP Code 6. Party Affiliation (if applicable) 46052 Lebitnon CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) 8. Party Affiliation or If Independent Candidate JAMES L. (50m) HUNDLEY 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10. County of Residence Courcil a LARGE Bonne Co. DONE TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization) Post-Convention 12. Reporting Period: COLUMN A COLUMN This Period From: 1-1-12 Year to Date Through: 4-13-12 13. Cash on hand and investments at the beginning of this reporting period. 0 14. Cash on hand and investments January 1, current year. 264.15 **CONTRIBUTIONS AND RECEIPTS** (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SUBTOTAL 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL **EXPENDITURES** (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 433.85 4 33,85" 17b. Unitemized 17c. Add lines 17a and 17b in both columns SUBTOTAL 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 19. Debts OWED BY the committee (use Schedule D) 20. Debts OWED TO the committee (use Schedule E) CERTIFICATION FOR OFFICE USE ONLY I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE, TREASURER Signature of Candidate (if applidab WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowlness

files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER						
Page	of					

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Nouse	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	PENIOD	TEANIO-DATE	
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts:			
Contributor's Occupation (# required)	☐ Interest ☐ Loan ☐ Misc. (specify) Contributions:			
	Direct In-Kind (describe) Other Receipts:			
Contributor's Occupation (if required)	Interest Loan Misc. (specify) Contributions:			
·	Direct In-Kind (describe) Other Receipts:			
Contributor's Occupation (if required)	Interest Loan Misc. (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 115a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Monsé	Contributions: Direct In-Kind (describe)			
Hon	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Monsé	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			**************************************
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page _	of				

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Nove	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
4.		Misc. (specify) Contributions: Direct In-Kind (describe) Other Receipts;			
5.		Interest Loan Misc. (specify) Contributions: Direct In-Kind (describe)			
	CUPTOTAL	Other Receipts: Interest Loan Misc. (specify)	đ.		
	TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
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Page	of				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
Hone	Contributions; Direct In-Kind (describe)			
740	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		:	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			•
4.	Contributions: Direct in-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$	1	
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 115a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page	of				

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
HANCOURT Frodustries P.O. BOX 128 Milroy, TN 46156		Direct In-Kind Returned Contribution Other Purpose:	433,85	433.85	3/26/12
Code		☐ Direct ☐ In-Kind ↑ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose;			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$ 933.85		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be Itemized on this schedule.

FILE NUMBER					
Page	of				

PUBLIC QUESTION INFORMATION							
Enter Text of Public Question							
Type of Question: Statewide Local Position: Supported Opposed							
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:					
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:					
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:					
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:					
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:					
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:					
	SUBTOTAL THIS PAG	BE OF SCHEDULE C	\$				
TOTAL OF ALL PAG	GES OF SCHEDULE C ON TH		\$				



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to tend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page_	of	

				1	
CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	BATE DEUT	CUMULATIVE	OUTSTANDING
& MAILING ADDRESS	NAME & MAILING ADDRESS (if any)		DATE DEBT INCURRED	PAID	BALANCETHIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT		YEAR-TO-DATE	PER(OD
	· ·				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	MA	·			
	, , ,				
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION;					
CENDENO OCCUPATION,					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S GCCUPATION:	L				
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
TOTAL OF ALL BACES OF SOURDING B ON THE LAST BACE ONLY					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER
Page	of

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
	NA				
- -					
		SUBTOTA	AL THIS PAGE O	F SCHEDULE E	\$
*	TOTAL OF A	ALL PAGES OF SCHEDUL	E E ON THE LA	ST PAGE ONLY	\$



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

FILE

Summary Sheet

(CFA-4)

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverge LeaPR 20 12 15 30

IS THIS AN AMENDMENT? Yes EXEMODE THE COURTS		TOTAL PAGES IN EN	IRE CPA-4 REPORT
PENNY 5. BUGAN			
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new n	name		
Committee TO BURT Dealing LAWSON	2.0		
2. Acronym or Abbreviated Name (if any)	3. Cor	nmittee Telephone Number	
4. Mailing Address (address where all campaign finance correspondence is received)	hook if th	nis is a new address	
	IICUN II II	iis is a new address	
4914 SGRUM PLANET Rel 5. City, State, ZIP Code THORN TOWN 114 44071	6. Pari	ty Affiliation (if applicable)	
THORASTOWN 14 44071	1	ROD.	
CANDIDATE INFORMATION (For Candidate's Co			
7. Full Name of Candidate (include any nickname)		ty Affiliation or If Independe	nt Candidate
DONALD DAVID LAWSON	R	EPU BOLICAN	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of Residence	
CIMMISSIONER		50	10NZ
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	vention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Dutgoing Treasurer (within 10 days amend Statement of	^r Organizatio	on) Dost-Coi	nvention
12. Reporting Period:		COLUMN A	COLÚMN B
From: /-/-12 Through: 4-13-12		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			O
15a. Itemized (use Schedule A) 15b. Unitemized		0	
15c. Add lines 15a and 15b in both columns SUBTO	OTAL	<u> </u>	0
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	OTAL		0
the state of the community of the management of the control of the			
(Note: These amounts include in-kind expenditures and loan repayments.)		0	0
17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized		0	0
	TOTAL	0	
	TOTAL		0
· · · · · · · · · · · · · · · · · · ·	TOTAL	0	
Debts OWED BY the committee (use Schedule D) Debts OWED TO the committee (use Schedule E)		0	-
20. Debts OVVED 10 the committee (use Schedule E)		0	
CERTIFICATION		F	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	RUE, COR	RECT AND COMPLETE.	riien
Signature of Candidate (if applicable) WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (if iles a fraudulent report commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-1-14)	'	4-20-12	
Signature of Candidate (if applicable)		Date	APR 20 one
h / land W Cam		4-20-12	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (if	(IC 3-9-4-5	5) A person who knowing	Kn Walder
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-	.е тероп а <u>-4-16, I</u> С 3	is required by the indiana	BOONE CIRCUIT
			COURT



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER
-	
Page	of

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
·	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Cambridge Campanda of Campanda				
Contributor's Occupation (if required)	0 - 1/1 - 1/2			
2.	Contributions:			
	In-Kind (describe)			
	III-Rind (describe)			
		-		
	Other Receipts:			
	! ===			
	Misc. (specify)	:		
Contributor's Occupation (if required)		1		
3.	Contributions:			·
	Direct			
	☐ In-Kind (describe)			
	Other Receipts;			
	☐ Interest ☐ Loan			
	☐ Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	l <u> </u>			
	☐ In-Kind (describe)		'	
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	☐ Direct			
	In-Kind (describe)			
	Other Receipts:		 	
	☐ Interest ☐ Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
SUBTOTAL °	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE A		\$		
(Enter total on ITEI	I 15a of the Summary Sheet)	Ψ		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page	of	

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	(Street, Hamber, City, State, 211 Code)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	LINOD		
2.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
	TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER
Page _	of

CONTRIBUTOR'S F FULL MAILING (street, number, city	ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
2.	[Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.]	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	. [Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
TOTAL OF A	LL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or
print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the
reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All
cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on
this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political
action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds,
rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year,
MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER	
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Page of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			4 B V V - 2 V V V
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$	·	
TOTAL OF ALL PAGES OF SCHEDULE <i>(Enter total on ITE)</i>	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts lotaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as ioan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

I				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)	Line		
	Other Receipts: Interest Loan Misc. (specify)		;	
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITER	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page	of	-		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS	COLUMN B	DATE OF	
(OFFICE SOUGHT (if applicable)		PERIOD	YEAR-TO-DATE	EXPENDITURE	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose;				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose;				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
TOTAL OF ALL PA	SUBTOTAL THIS PAG		\$			
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)						



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER	
Page of	

			Page	of
	PUBLIC QUESTION INFORMATION			
Enter Text of Public Question				
			•	
Type of Question: Statewide Local Position: Supported Opposed				
	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	
(a for a formal part of the state of the sta	CIPIENT'S OCCUPATION and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution	•		
	Other			
	Purpose:			
Code	☐ Direct ☐ In-Kind			
	Payment of Debt Returned Contribution			•
	Other			
	Purpose:			
Code	☐ Direct ☐ In-Kind			
	☐ Payment of Debt☐ Returned Contribution			
	Other			
	Purpose:			
Code	☐ Direct ☐ In-Kind☐ Payment of Debt			
	Returned Contribution			
	OtherPurpose:			:
Code	☐ Direct ☐ In-Kind ☐ Payment of Debt			
	Returned Contribution	,		
	Other Purpose:			
	F1 F1			
Code	☐ Direct ☐ In-Kind☐ Payment of Debt			
	Returned Contribution Other			
	Purpose:			
<u>l</u>	OUDTOTAL TWO DAGE OF COLUMN TO			
TOTAL OF ALL DAGES OF	SUBTOTAL THIS PAGE OF SCHEDULE C SCHEDULE C ON THE LAST PAGE ONLY	\$		
	r total on ITEM 17a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER			
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Page	of	_	

CREDITOR'S OR LENDER'S NAME ENDORSER'S OR VENDOR'S & MAILING ADDRESS NAME & MAILING ADDRESS (if any)		AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	& MAILING ADDRESS NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)		INCURRED	YEAR-TO-DATE	PERIOD
LENDER'S OCCUPATION:				<u> </u>	
LENDER'S OCCUPATION:				<u>'</u>	
LENDER'S OCCUPATION;					:
LENDER'S OCCUPATION:					
LENDER'S COCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER	
Page _	of	

			Le		
BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
			<u> </u>		
					:
P619 (P619)					
				i	
				;	
		:			
		SUBTOTA	L THIS PAGE OF	SCHEDULE E	\$
	TOTAL OF A	LL PAGES OF SCHEDUL			\$
		(Enter total on	TEM 20 of the Su	ımmary Sheet)	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

☐ Yes 💢

(CFA-4) Summary Sheet

	FILE NUMBER	
OTAL PAGE	S IN ENTIRE CFA	-4 REPORT
	1-1	

	COMMITTEE INFORMATION	·			
1. Full Name of Committee (as on Statement of Organization)	· 🔲 Check if this is a new r	name			
Craig Triscari Committee					
2. Acronym or Abbreviated Name (if any) 3. Comm			nmittee Telephone Number		
		(317)	670-2309		
4. Mailing Address (address where all campaign finance corre	spondence is received) 🔲 CI	neck if thi	s is a new a	ddress	
3270 Paddock Rd	***************************************		··· · · · · · · · · · · · · · · · · ·	*** * ***	
5. City, State, ZIP Code		l '		if applicable)	
Lebanon, IN 46052		Republ	ican		
CANDIDATE INFO	RMATION (For Candidate's C	ommitte	es Only)		· • · · · · · · · · · · · · · · · · · ·
7. Full Name of Candidate (include any nickname)		1		or If Independe	ent Candidate
Craig A. Triscari		Republ	ican		
9. Office Sought (Include district number, if any. Not required	for exploratory committee.)	10. Cot	unty of Resid	dence	
Boone County Council- At-Large		Boone			
45 AS C C C	Thom:				
TYPE OF RE	PORT	<u> </u>	<u> </u>		ON CANDIDATES ONLY
11. Check one:	a a company of the co			Check one:	wantlan
Pre-Primary Pre-Election Annual Nomination Oth				Pre-Cor	nvention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") U Outgoing) Treasurer (within 10 days emend Statement of	Organization	1)	rosi-co	niverillori
12. Reporting Period:				UMN A Period	COLUMN B Year to Date
	rough: 4/13/12			Periou	rear to Date
13. Cash on hand and investments at the beginning of this rep	orting period.		0	<u> </u>	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND R	ECEIDTE		· .		0
(Note: these amounts include in-kind contributions and loans,					
15a. Itemized (use Schedule A)	do iron do odon oominadonon		\$300.0	n	\$300,00
15b. Uniternized			50.00		50.00
15c. Add lines 15a and 15b in both columns	SUBT	ΟΤΔΙ	30.00	,,, ., ., ,	00.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in		OTAL	\$350.00		\$350.00
EXPENDITURES		OTAL	φοσο		ψ330.00
(Note: These amounts include in-kind expenditures and loan r		·			
17a. Itemized (use Schedule B) (Public Question: use Schedu			\$285.4	<u> </u>	\$285,40
17b. Unitemized	16 0)		0	· U	Ψ200,40
17c. Add lines 17a and 17b in both columns	SIIB.	TOTAL	\$285.4	n	\$285.40
18. Cash on hand and investments at close of this reporting period (sub		TOTAL	64.60	· · · · · · · · · · · · · · · · · · ·	Ψ200.40
	Tre from to at boar columns)	TOTAL			
19. Debts OWED BY the committee (use Schedule D)			 		
20. Debts OWED TO the committee (use Schedule E)			0		
CERTI	FICATION				FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST (OMPLETE.	
	Title Treasurer	I .	Date Nave 2012	A	PR 09 2012
Signature of Canelidate (If applicable)	i ragani ai		Apr 2012 Date	ن	_
Signature of Cattendate (y applicable)		1	S Apr 2012	K	Impolitique.
					ONE CIRCUIT COURT

This form consists of a summary sheet together with five schedules for itemized reporting. The form is to be used by treasurers of all committees to report receipts and expenditures in compliance with IC 3-9-5.

The spaces on this form have been numbered for your convenience and for easy reference to these instructions. The preparer should type or print legibly IN BLACK INK all information required. All previous versions of State Form 4606 are obsolete and cannot be used. (IC 3-5-4-8) TO AVOID PENALTIES THIS FORM MUST BE FULLY COMPLETED. You must complete each item on this form, including ALL SPACES in Column B, Calendar Year-to-Date.

SPECIAL INSTRUCTIONS FOR STATEWIDE CANDIDATES AND CERTAIN POLITICAL ACTION COMMITTEES

This instruction applies to all statewide candidates as well as any political action committee that (1) is required to file with the Election Division and (2) which received more than \$50,000 in contributions since the close of the previous reporting period. This form must be filed electronically with the Election Division. Contact the Division at 1-800-622-4941 for more information.

FILE NUMBER: Enter the previously assigned Election Division or County Election Board file number.

TOTAL PAGES: Enter the total number of pages of the entire CFA-4 report, including any attached schedule.

IS THIS AN AMENDMENT? Check "Yes" if this report is to correct or change information submitted in a previous report; otherwise check "No."

ITEM 1: Enter the full name of the committee as it appears on its Statement of Organization (Form CFA-1, CFA-2, or CFA-3). Check box if this is a new name.

ITEM 2: Enter the acronym or abbreviated name. For example: W-PAC.

ITEM 3: Enter the committee telephone number, including area code. (This will typically be the committee's daytime telephone number.)

ITEM 4: Enter the mailing address of the committee. All correspondence with the committee relative to filing under the Campaign Finance Act will be mailed to this address, unless specified otherwise. Check box if this is a new address.

ITEM 5: Enter the committee's city, state and ZIP code. If known, include ZIP plus four.

ITEM 6: If the committee supports the philosophy and ideals of a particular political party, enter the party affiliation.

ITEM 7: Enter the full name of the candidate and include any nickname, particularly if the candidate's nickname may appear on the ballot.

ITEM 8: If the candidate supports the philosophy and ideals of a particular political party, enter the party affiliation. If the candidate is not affiliated with a political party enter "independent candidate." A committee to retain an incumbent (such as a justice or judge) should also enter "independent candidate." A write-in candidate should follow the same procedure and enter either a political party or "independent candidate." DO NOT ENTER "write-in."

ITEM 9: enter the full name of the office being sought by the candidate (include district number, if any). For example, "Indiana State Senator, District _____," _____ County Sheriff", or "______ City Council, District _____," Not required to be completed by an exploratory committee.

ITEM 10: Enter the candidate's county of residence.

ITEM 11: Check the appropriate box indicating the type of report. A candidate should check "nomination" report if the candidate was nominated as a minor party or independent candidate by petition; if the candidate was selected by a major party to fill a vacancy on the ballot existing after the primary; or if the candidate is a write-in candidate.

A Libertarian party candidate nominated at a party convention should not check "nomination" report. Instead, that candidate should check either "preconvention" or "post-convention" report. Statewide candidates filling a quarterly report should check "Other" and indicate "Quarterly."

ITEM 12: Enter the appropriate dates for the type of report checked in ITEM 11. These reporting and filing dates are prescribed by Indiana Code (IC) 3-9-5.

ITEM 13: Enter the amount of cash on hand and investments (as described in ITEM 14) at the beginning of the particular reporting period. If a previous report has been filed using this form, this figure will be the same as that reported on ITEM 18 of the report.

ITEM 14: Enter the amount of cash on hand and investments (including funds in checking and savings account) on January 1. This amount is NOT the amount on hand at the beginning of any later reporting period.

"Cash on hand" also includes any certificates of deposit or other "cash equivalent" that can be readily converted to cash within 90 days, include in total investments things such as money market accounts, stocks, bonds, and mutual fund accounts.

If the committee was not in existence on January 1 of the reporting year, the treasurer should report zero on ITEM 14 in Column B.

ITEM 15a: Enter all itemized individual contributions from all persons including in-kind and transfer-in. This figure will be the total of all pages of Schedule A. Column A is for reporting total contributions for the current reporting period, Column B is for total contributions calendar year-to-date. Contributions exceeding more than \$100 (\$200 if regular party committee) must be itemized. All transfers-in must be itemized on Schedule A regardless of the amount.

ITEM 15b: Enter all uniternized individual contributions from all persons (including in-kind). This includes contributions not itemized under 15a.

ITEM 15c: Enter the sum of ITEMS 15a and 15b in both Column A and B.

ITEM 16: Enter the sum of ITEMS 13 and 15c in Column A. Enter the sum of 14 and 15c in Column B.

ITEM 17a: Enter all itemized expenditures, transfer-out and in-kind expenses. This figure will be the total of all pages of Schedule B and Schedule C. Use Column A to report total expenditures for the current reporting period. Use Column B to report total itemized expenditures calendar year-to-date. Expenditures exceeding more than \$100 (\$200 if a regular party committee) must be itemized. All transfers-out must be itemized on Schedule B regardless of amount.

ITEM 17b: Enter all unitemized expenditures and in-kind expenses. This includes expenditures not itemized under 17a.

ITEM 17c: Enter the sum of ITEMS 17a and 17b in BOTH Column A and B.

ITEM 18: Subtract ITEM 17c from ITEM 16 in both Column A and B.

ITEM 19: Enter the total debts and loans OWED BY the committee as itemized on Schedule D. This includes debts such as accounts payable, credit card purchases IF made with a credit card issued in the name of the committee and loans from a lending institution or another entity.

ITEM 20: Enter the total debts OWED TO the committee as itemized on schedule E. This includes a loan payable to the committee.

CERTIFICATION: The treasurer of the committee must sign this report. A person other than the treasurer may sign this report if a copy of the power of attorney signed by the treasurer authorizing the individual to sign is filed with the CFA-4. If a candidate's committee is completing this report and a person other than the candidate serves as treasurer, this report must be signed by both the candidate and treasurer.

WARNING: Using campaign funds for primarily personal purposes is prohibited. (IC 3-9-3-4, IC 3-9-1-12)

NOTICE: Contact the Election Division or your County Election Board if you have any questions.



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
Page	of	 .

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. De joseph & Minim Turais 8 covering have Hoperell, p. 7 08525	Contributions: Direct In-Kind (describe)	\$300.00	\$ 300.00	3/14
(Street , F. J. O.) > 4.) Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	1000		CH
2.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
3,	Contributions; Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL .	THIS PAGE OF SCHEDULE A	\$ 200.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY W 15a of the Summary Sheet)	\$ 300.00		

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is a corporation.

Not every business is a corporation! A corporation has articles of incorporation, and is registered with the Indiana Secretary of State *(or with the equivalent office in another state)*. See www.in.gov/sos/business/corps/searches.html for information on Indiana corporations.

A limited liability company (LLC), limited liability partnership (LLP), partnership, or a sole proprietorship is <u>NOT</u> a corporation. The federal income tax status of a corporation (as a professional corporation or Subchapter S corporation, for example) has no effect on the reporting of the corporation's contributions. If you are uncertain whether a contribution is from a corporation, contact the contributor for clarification regarding the status of the contributor.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (including in-kind) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided (such as yard signs, bumper stickers or mailings, etc.). For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.



State Form 4608 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page _	of			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		:	
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		į	
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITI	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is a labor organization.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (including in-kind) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided (such as yard signs, bumper stickers or mailings, etc.). For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe) Other Receipts:	FERIOD	TEAR-TO-DATE	KLOZIVED DI
	☐ Interest ☐ Loan ☐ Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is a political action committee.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (including in-kind) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

ALSO

Enter the full name and mailing address of each political committee from which the political action committee received a transfer-in. All transfers-in from a political committee (candidate's committee, legislative caucus committee, political action committee, or regular party committee) must be itemized regardless of amount.

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided (such as yard signs, bumper stickers or mailings, etc.). For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter *(ON THE LAST PAGE ONLY)* the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular native committee).

FILE NUMBER					
Page	of "·				

COLUMN A COLUMN AND FULL NAME AND FULL MAILING ADDRESS (Street, number, city, state, 2th code) 1.	party committee),				
Contributions: Direct Loan Mass. (specify)					
Contributions:		OK OTTEK KESEM I			RECEIVED BY
		Direct	TEMOS	IZAK-10-BATE	
		☐ Interest ☐ Loan			
Interest Loan Misc. (specify) Signature Misc. (specify)	2.	Direct			
Direct In-Kind (describe)		Interest Loan			
A. Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) S. Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) Substitutions: Direct Interest Loan Misc. (specify) Substitutions: Direct Interest Loan Misc. (specify) Other Receipts: Interest Loan Misc. (specify) Substitutions: Direct Interest Loan Misc. (specify)	3,	Direct			
Direct In-Kind (describe)		Interest Loan			
Interest Loan Misc. (specify) Loan Direct In-Kind (describe) Interest Loan Misc. (specify) Loan Misc. (specify) Loan Misc. (specify) Loan Misc. (specify) Loan Misc. (specify)	4.	Direct In-Kind (describe)			
Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) SUBTOTAL THIS PAGE OF SCHEDULE A \$ TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY		☐ Interest ☐ Loan			
SUBTOTAL THIS PAGE OF SCHEDULE A \$ TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY	5.	☐ Direct ☐ In-Kind (describe)			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY		☐ Interest ☐ Loan			
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY	SUBTOTAL	HIS PAGE OF SCHEDULE A	\$		

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means this page is the second of two pages used for this schedule.

CONTRIBUTOR'S NAME AND MAILING ADDRESS:

NOTE: Only list a contributor on this schedule if the contributor is NOT an individual, a political action committee, a corporation, or a labor organization. A contribution from a limited liability company (LLC), limited liability partnership (LLP), partnership, or sole proprietorship, for example, should be listed on this schedule.

Enter the full name and mailing address of each contributor who has made one (1) or more contributions (including in-kind) within the calendar year in an aggregate amount exceeding \$100 (\$200 if regular party committee).

ALSO

Enter the full name and mailing address of each political committee from which the reporting committee received a transfer-in. All transfers-in from a political committee (candidate's committee, legislative caucus committee, political action committee, or regular party committee) must be itemized regardless of amount.

ALSO

Enter the full name and mailing address of all contributors with cumulative receipts over \$100 within a calendar year (\$200 if regular party committee). This includes entities that have paid interest to a committee's account.

IMPORTANT: When entering a contributor's name in this space, it is imperative to list the full name of the contributor.

TYPE OF CONTRIBUTION OR OTHER RECEIPT: Check the appropriate box. For in-kind contributions describe the general product or service provided (such as yard signs, bumper stickers or mailings, etc.). For "miscellaneous", be as specific as possible.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each contribution, including in-kind, transfers-in or other receipts for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative contributions, including in-kind, transfers-in or other receipts calendar year-to-date.

On the first report of each calendar year, the entry in column B is the same as the entry in Column A.

DATE RECEIVED: Enter the month, day, and year the contribution was received. For checks and money orders indicate the date the committee deposited the check or money order in the committee's account, **NOT** the date it was written or mailed. For cash contributions, the contributions are received when cash is deposited in the committee's account, **NOT** when given or mailed. (IC 3-9-1-24.5)

RECEIVED BY: Enter the committee member who received the contribution for the committee. (IC 3-9-1-25)

SUBTOTAL THIS PAGE OF SCHEDULE A: Enter the subtotal for this page of Schedule A. If there is only one page of this Schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE A.**

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY: Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule A. Also enter this figure on ITEM 15a of the Summary Sheet.



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER	
Page _	of	_

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE		
The AMP Political CAMPAGN products AND MON products AND COURT TROUSTICS 7765 S 175 NN P.O. Box 128 This roy IN, 46156	Syns/ Political and County Council-At Ungl	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	185.40	198,40	3/30/12		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:					
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		-			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:					
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:					
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:					
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:					
TOTAL OF ALL PA	SUBTOTAL THIS PAGE OF SCHEDULE B TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)						

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also indicate the number of pages used to complete this schedule. For example, "Page 2 of 2." This means that this page is second page of two pages used for this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of each person or vendor to whom one (1) or more disbursements in an aggregate amount exceeding \$100 (\$200 if regular party committee) have been made.

ALSO

Enter the full name and mailing address of each political committee that has received a transfer-out from the reporting committee. The reporting requirement of a transfer-out from a political committee is different from the reporting requirement of an expenditure to a person. Each transfer-out, regardless of amount, must be itemized.

NOTE: Under normal circumstances, you should not list a credit card issuer as a recipient. If making a payment on a credit card, list vendor, NOT the credit card company. Also note that any unpaid credit obligation should be listed on Schedule D, "Debts Owed By This Committee."

EXPENDITURE CODES: In the box at the upper left corner of the "Recipient's Name and Mailing Address" section, enter the expenditure code for each entry from the following list of codes:

Code: C Expenditure Type: Contributions

Expenditure Definition: Direct and in-kind contributions the campaign can legally make to other campaigns, political action committees, community and charitable organizations. In the description column, the filer is directed to specify who benefited and, if in-kind, what was purchased.

Code: F
Expenditure Type: Fundraising

Expenditure Definition: Expenditures, direct or in-kind, associated with holding a fundraiser, including payments to restaurants, hotels and caterers, other food and refreshment vendors, entertainers, and speakers

*Filers are directed to use an "A" for expenditures for printed matter produced in connection with fundraising events.

Code: A Expenditure Type: Advertising

Expenditure Definition: Expenditures associated with the production, design, photography, copy, layout, printing, reproduction and purchase of advertising and campaign communications including:

- · Radio and television advertising
- Advertising in newspapers, periodicals, and other publications
- Advertising on billboards and yard signs
- Campaign paraphernalia such as buttons, bumper stickers, T-shirts, hats, etc.
- Websites
- Campaign literature
- Printed solicitations
- Fundraising letters
- Mailing lists

Code: O Expenditure Type: Operations

Expenditure Definition: General campaign operating expenses and overhead including:

- Wages, salaries and benefits associated with hiring campaign employees and other paid workers who provide miscellaneous services
- Contracts, fees, and commissions paid to campaign management companies and contract consultants including law firms
- · Headquarters purchase or rental
- Utilities
- Purchase or rental of office equipment and furniture for the campaign
- Surveys and Polls Including expenditures associated with the design and production of polls, election trend reports, voter surveys, telemarketing, telephone banks, Get Out The Vote drives, etc.
- Postage including stamps, or metered postage, direct mail services and delivery services like United Parcel Services and Federal Express
- Travel including fares, accommodations, and meals from campaign trips

RECIPIENT'S OCCUPATION/OFFICE SOUGHT: Enter the recipient's occupation, and if applicable, the office sought. For example, "printer" or "candidate, State Representative District 5."

TYPE OF EXPENDITURE: Check the type of expenditure. For "other", describe the type of expenditure.

PURPOSE OF EXPENDITURE: Enter the purpose of the expenditure or transfer-out. Be specific. Indicate any reimbursement.

COLUMN A AMOUNT THIS PERIOD: Enter the amount of each expenditure and transfer-out, including in-kind for this reporting period.

COLUMN B CUMULATIVE YEAR-TO-DATE: Enter the cumulative expenditure and transfer-out, including in-kind for calendar year-to-date.

On the first report of each calendar year, the entry in Column B is the same as the entry in Column A.

DATE OF EXPENDITURE: Enter the month, day, and year of the expenditure or transfer-out. Use the following guidelines to determine the proper date to use:

FOR USE

Payment of bill The date the bill was actually paid (by placing a check in the mail or tendering cash in person).

Transfer-out The date the check was written to a candidate's, legislative caucus, political action, or regular party committee.

In-kind The date the material was given or service provided.

SUBTOTAL OF THIS PAGE OF SCHEDULE B: Enter the subtotal for this page of Schedule B. If there is only one page of this schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE B.

TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY: Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule B. Also enter this figure on ITEM 17a of the Summary Sheet.



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
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Page _	of			

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
(street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD	
				•		
LENDER'S OCCUPATION:						
				:		
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:		:				
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	TOTAL OF ALL	PAGES OF SCHEDULI (Enter total on I	ED ON THE LAS	ST PAGE ONLY	\$	
		ferrior form on t	, _ iii	y Oneoty		

This schedule is used to document debts **OWED BY** the committee totaled on ITEM 19 of the Summary Sheet.

In addition to disclosing the loans or debts owed by the committee within the reporting period, you must report all previous loans or debts owed by the committee in every subsequent report until the debt is extinguished.

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also, indicate the number of pages being used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS: Enter the creditor's or lender's full name and mailing address. For the purpose of this reporting requirement, a creditor or lender may be an individual, business, lending institution, or another committee who has advanced money or things of value to the committee with the understanding that the committee will pay back the debt with or without interest. A debt may be evidenced by a promissory note, credit purchase, committee credit card account, or any other document showing an unpaid debt. For a credit card account in the name of the committee, list the name of the credit card issuer.

ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of all co-makers, co-signers, co-endorsers, or endorsers, if the debt owed by the committee was secured by another entity. For committee credit card debts, also list the name and address of the vendor. If more than one vendor per credit card, list each vendor in this column, but do not re-enter the card issuer in the "creditor's" column.

AMOUNT: For a loan, enter the actual amount of the loan (principal), not the interest charged for the loan. Interest paid on a loan and other finance charges are treated as expenditures by the committee and must be reported on Schedule B. The amount of the principal is treated as a receipt by the committee and must be reported on Schedule A.

For committee credit card purchases, enter the amount of each transaction.

NATURE OF DEBT: Enter the nature of the debt. This requires a short description of the type of debt owed by the committee. Example: "loan", "promissory note", "open account", or "committee credit card account."

DATE DEBT INCURRED: Enter the month, day and year that debt owed by the committee was incurred. Fore example, if the committee borrowed money from a lending institution and the committee gave a promissory note evidencing the loan, the date the note was **signed** by the committee would be entered in this space.

If the committee used an open-end credit card or revolving charge plan, the date of the transaction as shown on the account statement would be entered here.

CUMULATIVE PAID YEAR-TO-DATE: Enter the amount that has been repaid on the principal of any loan received by the committee at the end of this reporting period. The repayment of the principal on a loan is considered an expenditure by the committee and must be reported on Schedule B. For committee credit card transactions, list the total amount paid to the credit card issuer. Do not enter the amount of each vendor transaction in this column.

OUTSTANDING BALANCE THIS PERIOD: Enter the outstanding balance of the debt owed by the committee. You must continue to report the outstanding balance of the debt owed by the committee on each report until the debt is extinguished. For committee credit card transactions, list the total outstanding balance to the credit card issuer. Do not enter the amount of each vendor transaction in this column.

SUBTOTAL THIS PAGE OF SCHEDULE D: Enter the subtotal for this page of Schedule D. If there is only one page of this schedule, the figure is the same as the TOTAL OF ALL PAGES ON SCHEDULE D.

TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY: Enter (ON THE LAST PAGE ONLY) the total amount of ail pages on Schedule D. Also enter this figure on ITEM 19 of the Summary Sheet.



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

F	ILE NUMBER	
Page	of	:

BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	MOUDDED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
	TOTAL OF A		L THIS PAGE OF S		\$
	TOTAL OF A	LL PAGES OF SCHEDUL (Enter total on I	E E ON THE LAST TEM 20 of the Sum		\$

This schedule is used to document debts **OWED TO** the committee totaled on ITEM 20 of the Summary Sheet.

In addition to disclosing the loans or debts owed to the committee within the reporting period, you must also report all previous loans or debts owed to the committee in every subsequent report until the debt is extinguished.

FILE NUMBER: Enter the file number assigned by the Election Division or County Election Board. Also, indicate the number of pages being used to complete this schedule. For example, "Page 2 of 2." This means this page is the second page of two pages used for this schedule.

BORROWER'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of the person to whom the reporting committee has given a loan within the reporting period.

CO-SIGNER'S NAME AND MAILING ADDRESS: Enter the full name and mailing address of all co-makers, co-endorsers, or endorsers, if the loan made by the reporting committee was secured by another entity.

ORIGINAL AMOUNT: Enter the principal amount the reporting committee initially loaned to another person.

NATURE OF DEBT: Enter the nature of the debt to be collected by the reporting committee. This requires a short description of the type of debt owed to the committee, such as a "loan."

DATE OBLIGATION INCURRED: Enter the month, day and year that initial loan of credit was made by the committee.

CUMULATIVE PAID YEAR-TO-DATE: Enter the total amount of principal repaid to the committee on a debt owed to the committee. Principal repaid on a debt owed to the committee is treated as a receipt and reported on Schedule A. If the interest is paid to the reporting committee on a loan, the amount of interest received for each reporting period is also to be treated as a receipt and reported on Schedule A.

OUTSTANDING BALANCE THIS PERIOD: Enter the outstanding balance of the debt to be collected by the committee. You must continue to report the outstanding balance of the debt to be collected by the committee on each report **until the debt is extinguished.**

SUBTOTAL THIS PAGE OF SCHEDULE E: Enter the subtotal for this page of Schedule E. If there is only one page of this schedule, the figure is the same as the **TOTAL OF ALL PAGES ON SCHEDULE E.**

TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY: Enter (ON THE LAST PAGE ONLY) the total amount of all pages on Schedule E. Also enter this figure on ITEM 20 of the Summary Sheet.



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

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(CFA-4) **Summary Sheet**

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

19 IMIS AN AMENDMENT? 1 tes K NO				
COMMITTEE INFORMATION	12 1			
1. Full Name of Committee (as on Statement of Organization)	name	And the second second	<u> </u>	<u> </u>
· · · · · · · · · · · · · · · · · · ·				
MARCIA WILHOITE FOR BOONE COUNTY COUNCIL 2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telepho	ne Number	
	5) 482-4		-	
4. Mailing Address (address where all campaign finance correspondence is received)		s is a new addr		
215 N WEST ST				
5. City, State, ZIP Code	6. Party	y Affiliation (if a	oplicable)	
LEBANON, IN 46052	REDITI	BLICAN		
CANDIDATE INFORMATION (For Candidate's C				
7. Full Name of Candidate (include any nickname)	8. Party	y Affiliation or If	Independer	nt Candidate
MARCIA C. WILHOITE	REPU	UBLICAN		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cot	unty of Residen	ce	
COUNTY COUNCIL AT LARGE	BOOM	NE `		
TYPE OF REPORT		c	OITMAVNC	N CANDIDATES ONLY
11. Check one:		CI	neck one:	
Pre-Primary Pre-Election Annual Nomination Other		[] Pre-Conv	vention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	of Organization	7)	Post-Con	vention
12. Reporting Period:		COLUN		COLUMN B
From: 01-01-2012 Through: 04-13-2012		This Pe	riod	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.	.00	
14. Cash on hand and investments January 1, current year.				0.00
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (use Schedule A)		872.		872.00
15b. Unitemized	TOTAL	1085.		1085.00
	TOTAL	1957.		1957.00
	TOTAL	1957.	00	1957.00
EXPENDITURES	· · · · · · · · · · · · · · · · · · ·			
(Note: These amounts include in-kind expenditures and loan repayments.)			, emiles services and all	
17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized		1801.		1801-60
	BTOTAL	1801.	00 60	0.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL			1801.60
19. Debts OWED BY the committee (use Schedule D)	IVIAL	155.		155.40
20. Debts OWED TO the committee (use Schedule E)			00 00	
20. DODIS OVED TO the committee (use schedule E)		<u> </u>		
CERTIFICATION			2 4 2 444 24 244	OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS Signature of Treasurer Title		RECT AND COMP Date	LETE.	
	1 1	Jaio	F	

Treasurer Signature of Candidate (if applicable)

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER	
Page of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
MARCIA WILHOITE 1025 E 375 N LEBANON, IN 46052	Contributions: X Direct In-Kind (describe)			02-23-2012
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)		422.00	422.00	MCW
² EUGENE C. THOMPSON 60 SMITH LANE ZIONSVILLE, IN 46077	Contributions: X Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			03-14-2012
Contributor's Occupation (if required)		250.00	250.00	MCW
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 672.00		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY VI 15a of the Summary Sheet)	\$ 672.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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		<u></u>	Page	of	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN / AMOUNT TH PERIOD	IIS	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)				
NONE	Other Receipts: Interest Loan Misc. (specify)			·	
2.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Misc. (specify)				
3.	Contributions: Direct In-Kind (describe)				
<u>-</u>	Other Receipts: Interest Loan Misc. (specify)	<u>.</u>			
4.	Contributions: Direct In-Kind (describe)			,	
	Other Receipts: Interest Loan Misc. (specify)				
5.	Contributions: Direct In-Kind (describe)				
·	Other Receipts: Interest Loan Misc. (specify)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$			
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		建筑出现	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
NONE				
2.	Contributions: Direct In-Kind (describe)	:		
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
· · · · · · · · · · · · · · · · · · ·	Other Receipts: Interest Loan Misc. (specify)	_. <u></u>		
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Allmonati	THE DAOF OF COURDING A	•		
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$		
(Enter total on ITE	M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBI	ĖR
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. COMMITTEE TO ELECT JUDGE EDENS P O BOX 127 LEBANON, IN 46052.	Contributions: Direct In-Kind (describe)			03-16-2012
	Other Receipts: Interest Loan Misc. (specify)			
		200.00	200.00	MCW
2.	Contributions: Direct in-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 200.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 200.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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party committeey.				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT Contributions:	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
	☐ Direct ☐ In-Kind (describe)			
NONE	Other Receipts: Interest Loan Misc. (specify)			
1401411				
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miso. (specify)			
3.	Contributions:			
	Direct			
	in-Kind (describe)			
	Other Brancheter			
•	Other Receipts: Interest Loan			
er e				
	Misc. (specify)			
4.	Contributions:			
*·	Direct			•
	In-Kind (describe)			
	Oll on Boundaries			
	Other Receipts:			
	Misc. (specify)	,		
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:		1	
	☐ Interest ☐ Loan			
	Misc. (specify)			}
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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(Enter total on ITEI	If 15a of the Summary Sheet)	Ψ		
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMB	ΞR
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RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
CodePOLITICAL LAWN SIGNS 916 BYRD AVENUE NEENAH, WI 54956		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: YARD SIGNS	422.00	422.00	01-13-12
Code THE LEBANON REPORTER 117 E WASINGTON ST LEBANON, IN 46052		☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: ADVERTISING	614.60	614.60	03-20-12
Code RADIO MOM 3500 DEPAUW BLVD INDIANAPOLIS, IN 46268		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: NEWS SPONSOR—	765.00	765.00	04-02-12
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			,
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 1801.60		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		1801.60		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FIL	E NUMBER
Page _	of

				Page	or
Enter Text of Public Question	PUBLIC QUESTION	NINFORMATION			
Enter Text of Public Question					
Type of Question: Statewide	Local				
Position: Supported Oppo					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		☐ Direct ☐ In-Kind	eren er er Vien z		
		Payment of Debt Returned Contribution			
		Other			
		Purpose;			
NONE		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
- COUG		☐ Payment of Debt☐ Returned Contribution			
		Other			
		··Purpose:			
Code		☐ Direct ☐ In-Kind			
		☐ Payment of Debt☐ Returned Contribution			
		Other Purpose:			
		· · · · · ·			
Code		☐ Direct ☐ In-Kind☐ Payment of Debt			
		Returned Contribution			
		Other Purpose:			
		· · · · · · · · · · · · · · · · · · ·			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other		,	
	CHOTOTAL THE DAG	SE OE SCHEDULE O	<u> </u>		
TOTAL OF ALL PAG	SUBTOTAL THIS PAG SES OF SCHEDULE C ON THE		\$		
to the first the first to the f	(Enter total on ITEM 17a of t		\$	1.12	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER
Page _	of

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
& MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
				·	
LENDER'S OCCUPATION: NONE					
LENDEN'S OCCUPATION: INOLYE					
LEDERIA COSTRUTOR					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
ELECTION OF THE PARTY OF THE PA					
·					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
		· · · · · · · · · · · · · · · · · · ·			
LENDER'S OCCUPATION;					
LENDER'S OCCUPATION:					
				F SCHEDULE D	\$
	TOTAL OF ALL	PAGES OF SCHEDUL. (Enter total on l		ST PAGE ONLY Summary Sheet)	\$



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER
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Page	of

BORROWER'S NAME	CO-SIGNER'S NAME	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING
& MAILING ADDRESS (street, number, city, state, ZIP code)	& MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
NONE					
l est					
			,		
	.,				
·		SUBTOTA	AL THIS PAGE O	F SCHEDULE E	\$
	TOTAL OF A	LL PAGES OF SCHEDUL	E E ON THE LAS		\$



(CFA-4)

State Form 4606 (R13/11-05)

Summary Sheet

Indiana Election Commission (IC 3-9-5-14)			FILE NU	VIBER
INSTRUCTIONS: Please type or print legibly IN BLACK INK all assistance in completing this form, see instructions on the revers		TOTAL P	AGES IN ENT	IRE CFA-4 REPORT
IS THIS AN AMENDMENT? Yes	No OLERN OF THE C		2	
	COMMITTEE INFORMATION	70 18 C C 2		
1. Full Name of Committee (as on Statement of Organizatio	n) Check if this is a new i	name N		
Committee to Re-Elect Jeff Wolfe				
2. Acronym or Abbreviated Name (if any)		3. Committee Tele	phone Number	
1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		(765) 482-7560		
4. Mailing Address (address where all campaign finance con	rrespondence is received)	heck if this is a new	address	
201 E Ulen Dr		O Dad ACCUATION	((C U E-I) - F	No 1-17
5. City, State, ZIP Code Lebanon, IN 46052		6. Party Affiliation	(if applicable) F	Republican
The state of the s	FORMATION (For Candidate's C	Committees Only		
7. Full Name of Candidate (include any nickname)	oran triots in or oanaratic o o	8. Party Affiliation		nt Candidate
Jeffrey Brian Wolfe (Jeff Wolfe)		Republican	•	·
9. Office Sought (Include district number, if any. Not require	ed for exploratory committee.)	10. County of Res	idence Boone	
District 3 County Commissioner				
TYPE OF I	REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination			Pre-Con\	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgo	oing Treasurer (within 10 days amend Statement of	f Organization)	Post-Con	ivention
12. Reporting Period:			LUMN A	COLUMN B
From: Through	*************************************		s Period	Year to Date
13. Cash on hand and investments at the beginning of this		\$4,97	5.00	ΦE 00E 00
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND				\$5,025.00
(Note: these amounts include in-kind contributions and loan	. ,			·
15a. Itemized (use Schedule A)	· · · · · · · · · · · · · · · · · · ·	\$5,02	5.00	\$5,025.00
15b. Unitemized			0.00	\$ 200.00
15c. Add lines 15a and 15b in both columns	SUBT	OTAL \$5,22	5.00	\$5,225.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c	in Column B 1	TOTAL		
EXPENDITUR	ES			
(Note: These amounts include in-kind expenditures and load	n repayments.)] . [
17a. Itemized (use Schedule B) (Public Question: use Sche	edule C)			
17b. Unitemized				
17c. Add lines 17a and 17b in both columns		TOTAL		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL \$5,22	5.00	\$5,225.00
19. Debts OWED BY the committee (use Schedule D)			· · · · · · · · · · · · · · · · · · ·	
20. Debts OWED TO the committee (use Schedule E)			***	
CER	RTIFICATION		F	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	T'''' '''''' '''' '''' '''' '''' '''''	······	OMPLETE.	
Signature of Treasurer	Title	Date		
	I			

Signature of Candidate (if applied ble) WARNING: Any information contained in this report hay not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person wife knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FIL	Е NUME	ER	
Page	2	of	2	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED RECEIVED BY
1. Kirtley, Taylor, Sims, Chadd & Minnette PC 105 N Washington St Crawfordsville, IN 47933	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$250.00		1/30/12
2.	Contributions: Direct In-Kind (describe)			
3.	Other Receipts: Interest Loan Misc. (specify) Contributions:			
3.	Direct In-Kind (describe) Other Receipts:			
	Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$250.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$250.00		



State Form 4606 (R13/11-05)

Signature of andidate (if applicable)

Indiana Election Commission (IC 3-9-5-14)

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

FILED

(CFA-4)

APR, 20 2012

Summary Sheet

71 K, 2 0 2012

Date

FILE NUMBER	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. SoleFix BOONE CIRCLE TOTAL PAGES IN ENTIRE CFA-4 REPORT IS THIS AN AMENDMENT? Yes No.

19 THIS AN AMENDINIENT? Yes 1/2 No		<u>5</u>	
COMMITTEE INFORMATION		***	
1. Full Name of Committee (as on Statement of Organization)	name		
Deanna Willhoite for Huditos			
2. Acronym or Abbreviated Name (if any)	I	nittee Telephone Numb	er
	20/2)	7 - 17 - 17	4
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this	is a new address	,
5. City, State, ZIP Code		Affiliation (if applicable)	
Lebonon, IN 46052		publican	
CANDIDATE INFORMATION (For Candidate's Co	-		
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Independ	dent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cour	nty of Residence	
Doone County Hyditer	13	60ne	
TYPE OF REPORT		CONVENT	ION CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other			nvention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	f Organization)	Post-C	onvention
12. Reporting Period:	1	COLUMN A	COLUMN B
From: 1112 Through: 41312		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		\mathcal{P}	
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		2084.56	3084.56
15b. Unitemized		1355,00	1355.00
15c. Add lines 15a and 15b in both columns SUBTO	OTAL	343956	3439.56
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL	343956	3439.51
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		2331.4	2331.66
17b. Unitemized		246.27	246.27
17c. Add lines 17a and 17b in both columns SUBT	TOTAL	2577.93	2577,93
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	861.63	861.63
19. Debts OWED BY the committee (use Schedule D)		920,08	
20. Debts OWED TO the committee (use Schedule E)			
CERTIFICATION			FOR OFFICE USE ONLY
I CERTIFY THATT HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRI	RUE, CORRE	CT AND COMPLETE,	
Signature of Treasure Martin Title TREAGLERER	Dai		

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
Page_	2	of	5	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Dan Lamar 1105 Fordice Ra.	Contributions: Direct In-Kind (describe) SIGNS St. Wers fun Other Receipts:	laiser		3/19/12
Lebanon, In 46052. Contributor's Occupation (if required) Insurance	☐ Interest ☐ Loan ☐ Misc. (specify)	584.48	584.48	Deanna Willmode
Hude Lewis 221 E. Fordice St. Lebanon, IN 46055	Contributions: Direct	500, 0	5∞,∞	2/27/12 Doonna Willharte
Contributor's Occupation (# required) M. Augos.	Contributions:			
Kris Williams 14227 Beacon BND. Cornel, IN 46032 Contributor's Occupation (if required) Colladons	Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	250,00	220'œ	4/41)2 Deanna Willholte
Deanna Willhoffe 110 Firch Ct. Lebonon, IN 46052 Contributor's Occupation (it required) Treasured	Gontributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	`250,08	250,08	3/19/12 Deann Willholte
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
.,,	HIS PAGE OF SCHEDULE A	\$ 1584.SL		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEN	ON THE LAST PAGE ONLY 115a of the Summary Sheet)	\$ 2084.56		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	
Page _	3	of_	S	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Huntington Banka PAC 41 S. High St. HCO642 Columbus OH 43205	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	500,00	500,00	4/91,2 Deanra Willhoffe
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
. ·	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ \$500@		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17g of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
Page_	4 of 5			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Bone Co. Chambo of Commerce 221 N. Lebduon St. Lebanon, IN 47652	Business Promotions NIA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	335.∞	335.0	3/22/12
Athlotic Annex 54 E. Washington St. Frankfat, IN 4 LOW	Refail N/A	☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	143,87	143.87	Holia
Promotions Supersion, com Pept Un 17175 Palating, IL books	Retail N/A	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	22994		عاري (a
VILLOSY Store com S200 SW 30H St. Devenport, IA 52802	Retail NA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	103837		3/27/12
Men Country Club 100 Country Club 100 Country Club Dr. Lebonon, In 46052		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	175.00	175,00	3/6/12
Wasehouse 1206 W. South 37 Lebanon, IN 46000	Restourand NA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	163.50	163,50	3/19/12
Minute Prant It 312 W. South St. Leburan INY 6052	Printo N)A	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	245.98	245.98	3/19/12
TOTAL OF ALL PA	SUBTOTAL THIS PAG GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	2331,66		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	5	of	5	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(Street, number, City, State, Zir Code)	(street, number, city, state, ZIP code) (street, number, city, state, ZIP code)				
Deanna Willhorte 110 Finch Ct. Lebonon, IN 46052		250,08 Lom	2/13/12 2/29/12	920.08	920'08
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
				, , , , , , , , , , , , , , , , , , , ,	
	·				
LENDER'S OCCUPATION:					
,					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					1246
SUBTOTAL THIS PAGE OF SCHEDULE D				*d50,08	
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$250,08